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CLINICAL LECTURE.

FEEDING AND TREATMENT OF DIARRHŒA OF INFANTS.

BY JOHN M. KEATING, M. D.,

PHYSICIAN TO THE HOWARD HOSPITAL, PHILADELPHIA.

REPORTED BY HERBERT M. CARPENTER, M. D.

I would call your attention to the fact that within the last few days the weather has changed from very warm to cold, and that it has had a great influence upon the character of the cases presented. The most satisfactory way of studying the disorders of children during the summer, especially in regard to feeding, is to study cases as they present themselves at a service of this kind. It represents private practice better than any other hospital service, and shows how absolutely ignorant mothers are in regard to their children and the great necessity of instruction in hygiene and dietetics.

Case 1. This child is fifteen months old. The mother brings it to us complaining of trouble with the bowels. The passages are light in color, sticky and slimy, and have a very offensive odor. She still nurses the child, besides giving it milk and oatmeal. It is restless and does not sleep well, but does not seem to suffer pain. This case is evidently one of intestinal catarrh, produced by overloading the intestinal tract and by the sudden change of temperature from excessive heat to cold. We will order this child first a dose of castor oil; then bismuth subnitrate, gr. iii, and salol, gr. ¼, every three hours; and advise the mother to stop giving it the breast, or only to give it at night and morning. Also to give it condensed milk, or one of the milk preparations.

Case 2. This child, thirteen months old, is on the breast but occasionally gets crackers and the like. She has had diarrhœa for several days. The stools are greenish and very thin, six passages yesterday. The child sleeps pretty well at night, but is very restless during the day. Her tongue is coated and she vomited this morning. We will give the child the following:

℞ Bismuthi subnitratis . . . . . gr. xxiv
Sodii salicylatis . . . . . gr. vi
Syrupi rhei aromatici . . . . . f℥i
Tincturæ cardamoni compositæ . . f℥ii
Aquæ menthæ piperitæ . . q. s. ad f℥iii

M. Sig. A dessertspoonful to be given three times a day.

If the passages are very watery and bad smelling the prescription may be given four times, and, if necessary, five times a day.

Case 3. This child is sixteen months old. The mother tells us its bowels are very bad, and it is sick at the stomach. The child is emaciated, its fontanelle is depressed and it looks tuberculous. The mother has been feeding it on table-food. The passages are very thin and dark green, and they smell very bad. It vomits everything it takes. Often the milk is not curdled. She has lost a great deal of flesh in the past week. She has no fever now and has no night-sweats. The family history is good, and the child was healthy until a few weeks ago. We will give the bismuth mixture before prescribed, with the following alterations. Instead of the compound tincture of cardamon give spiritus frumenti, about ten drops to the dose, and I would add pepsin, one-half grain to the dose. This should be given, a dessertspoonful half an hour before feeding, the object being to stop intestinal peristalsis as much as possible. The child should have fresh air. A ride on the steamer to Red Bank will help it. It should be bathed every day, and some warm cod-liver oil should be rubbed into the skin of its belly and a broad flannel binder should be worn. Instead of milk the mother may try some cream. Take half cream and half boiling

water, of which mixture a tablespoonful, with lime water, may be given every hour; or better still, some carefully peptonized milk.

Case 4. This baby is five weeks old. Its mother goes out to work, and so the care of the child falls on a neighbor, who feeds it during the mother's absence. She brings it to us this morning with the history of vomiting and diarrhœa. The movements are dark green and slimy, and have a sour smell. This is a case of intestinal catarrh brought on by improper feeding. The child is weak and feeble, and needs nourishment. I would put it on wine of pepsin, five drops in water to be given about five minutes before feeding, and I would give it a teaspoonful of condensed milk with fifteen teaspoonfuls of water. The water must be boiled before adding to the condensed milk. The baby should also be given a bath every day to keep it cool and clean.

We may now take up the consideration of diet. So much has recently been written about sterilized milk that to undertake a review of the subject would occupy too much time. Suffice it to say that, taking it for granted that cow's milk forms the best diet for an infant deprived of the breast, unfortunately it differs somewhat in essential matters from human milk and needs to be modified. Further, its exposure to impure air or the admixture with impure water, or certain changes which it undergoes after leaving the udder, often render it indigestible and even poisonous.

Now it has been found that if milk be subjected to boiling the germs of disease and the poisonous changes will be affected to such an extent as to render it harmless, provided it is at once given to the child or kept on ice, or put into an air-tight vessel. But boiling produces some chemical change in the milk, which causes it to disagree with some, to constipate others, or to acquire a flavor which renders it unpleasant to the taste. Nevertheless with the very poor and ignorant you should insist upon an infant's milk being boiled and kept in a covered vessel. But remember, boiling cow's milk does not of itself make it any less nutritious.

The process usually known as sterilization is the heating of milk to the boiling point or above it by means of a bath of boiling water or steam. To be effectual the temperature should be kept at 212° or over for at least an hour. The bottle should be hermetically sealed and put on ice, and opened only when it is to be used. Sterilization by this means does not seem to influence the milk as does boiling, but it is equally efficacious. Moreover, it certainly accomplishes more than boiling, because the curd of sterilized milk more closely resembles that of human milk than does boiled milk.

To sterilize milk properly requires some degree of intelligence. I believe that in all cities milk should be perfectly sterilized on a large scale and supplied in corked bottles, at reasonable rates, to the poor. When this is accomplished I am satisfied that the infant mortality in summer will be somewhat diminished. I say somewhat diminished, because ignorance, carelessness and stupidity will keep up a high mortality until they are counteracted by the education of mothers and the strict enforcement of the laws of hygiene by police authorities and Boards of Health. Our poor are not protected in any way, so far as their health is concerned. This is radically wrong, and I am often surprised to find how little influence so-called Health Boards have in a community. A Board of Health, either State or local, should have absolute control over all matters relating to the public and individual health and not alone quarantine, epidemics and cemeteries, but water, milk and food supply, drainage and the education of the masses in the principles of hygiene. The answers which were made to my questions by these mothers show how much ignorance we have to deal with, and how hard it is to combat. Our instructions to those who have the feeding of infants must be simple and thorough. Complicated formula will not answer.

Dr. Rotch's excellent article in the *Cyclopædia of Diseases of Children*, gives admirable instructions for feeding an infant, and his formula is the best I know of, if the mothers are intelligent enough to carry it out.

For some time I have been using the following amongst the poor and find it an excellent diet for a child from four to six months old. A six-ounce bottle is filled one-half with ordinary cream, one-half with filtered water, to which is added a level teaspoonful of white granulated sugar and a small pinch of salt. This should be "sterilized" for an hour. If the mother cannot do this the water should be *boiling* when added to the cream, the bottle to be corked with a plug of absorbent cotton and wrapped in flannel and kept so for one hour and

given to the child. For a younger child less cream and more water; for an older child the reverse. If the child smells sour after this mixture, baking soda should be added instead of sugar. Remember that the "lime water" of drug stores is made with filtered water only—not distilled or boiled water—therefore lime water should not be added to the milk after it has been sterilized; also bear in mind that if you add "lime water" to the mixture before sterilizing, the temperature of 212° will precipitate the lime of the lime water. Therefore, if you desire to add lime to your mixture, I think the lacto-phosphate, a grain or two to a six-ounce bottle, will do better. This thought has led me to use the following formula, which I published in the *Medical News*, June 5, 1886:

℞ Sugar of milk	twenty-six grams
Calcis lactophos.	one-sixteenth gram
Calcis carb.	one-twelfth gram
Sodii bicarb.	one-half gram
Potass. bicarb.	one-twelfth gram
Sodii chloridi	one-sixth gram

This, in the form of compressed tablets, or a powder, can be added to a bottle of milk, cream and water, or of cream and water, and then the whole sterilized, making a diet which large experience has shown to be a valuable one. Or it may be used as follows: Take three ounces of filtered water, one ounce of milk, and an ounce of cream; to this add three tablets and sterilize. Give to child at about the temperature of the body. For a child two or three months old prepare the bottle as follows: Take two ounces of filtered water, two ounces of good fresh milk, one ounce of cream, add four tablets and sterilize. With the very poor, if it cannot be sterilized, boiling water may be added instead of filtered, as stated above.

—Naphthalin is one of the most perfect antiseptics and germicides. One crystal in four ounces of urine will stay the conversion of urea into ammonium carbonate for days and even weeks. Its great insolubility makes it especially desirable in cases of typhoid fever. To obtain it in impalpable powder, which is the preferable form, it may be dissolved in alcohol and then precipitated by water. It spite of its pronounced odor, it is almost tasteless. It may be given in capsules. Small doses, perhaps 2 grains, given at frequent intervals, completely deodorize the fecal discharges.

COMMUNICATIONS.

THE MEDICAL PROFESSION AND THE PEOPLE.[1]

BY W. F. BREAKY, M. D.,
ANN ARBOR, MICH.

The State of Michigan pursues a wise and liberal policy in maintaining its institutions of education, beneficence and charity. It provides asylums for its unfortunate insane, its blind and deaf. Not only its own sons and daughters find every opportunity for study, from its public schools to the University, but it invites, with slight discrimination as to cost, those from the whole world. It offers a course for teachers in its Normal School and for farmers in its agricultural college, even making experiments to reclaim and make productive the waste lands of the State and for the destruction of insects hurtful to crops. It offers a bounty for the destruction of sparrows. It provides for the restriction of contagious disease in man and beast, even authorizing the killing of infected animals. It requires the inspection of steam boilers and of buildings. But does the State deal as wisely with its physicians and as humanely with its people who need a physician? The Department of Medicine and Surgery in its great University and its other medical colleges, in common with the better medical schools of the country, are endeavoring to meet the demands of the profession for higher attainments, lengthened course of study and better educated physicians. A student must now attend not less than three years in all the better colleges and in the University four years.

But while the State through its University requires this, to secure a diploma, what inducement does it offer the student to do even this much before beginning to practice medicine? Or what protection does it offer him after he has begun, more than it offers to the greatest ignoramus or quack who was practicing when its "Act to promote Public Health" went into effect in 1883, or to any man who can show a diploma from any college authorized to grant one, though he may not have spent six months in college? So far as the State is concerned it invests one with as much authority to practice as the

[1] Part of the Annual Address on Practice of Medicine at the 25th annual meeting of the Michigan State Medical Society.

other. Practically any man can practice medicine, the required registration being only a record of information and of so little value as to be not worth enforcing. The druggist and his clerk who dispense the prescriptions of the physician must pass an examination to determine their qualifications. The attorney must pass a satisfactory examination and be admitted to the bar before he can practice law. Does the State protect the ignorant man and his family from the charlatan by the application of tests that would determine the fitness of the practitioner to have the care of human life? No, it will protect his cattle, even to the extent of killing his neighbors, which may be infected, though it will not even kill the diseased brutes without educated authority. But the helpless child of the ignorant parent may become the victim of the more than ignorant pretender who is "registered." Michigan has become noted as the dumping-ground of quacks from other States and countries.[1] The national government quarantines against contagion and prohibits immigration of criminals and paupers. But this great State, noted throughout the civilized world for its excellent educational system, crowned by its famed University, has also the unenviable distinction of having a larger proportion of medical quacks to its population than almost any other of its sister States. Our national government protects its soldiers and sailors, by requiring candidates for its medical corps to be not only graduates from a reputable medical school, but to pass a rigid examination. Life insurance companies that expect to pay their losses do not take risks on lives until the applicants have been thoroughly examined by competent physicians.

The United States Supreme Court last year in a case appealed from the Supreme Court of West Virginia rendered the following important decision in regard to the validity of statutes regulating the practice of medicine. "The power of the State to provide for the general welfare of its people authorizes it to prescribe all such regulations as may be necessary to secure the people against the consequences of ignorance and incapacity as well as for deception and fraud. One means to secure this end is the method adopted by the State of West Virginia. If the means adopted are appropriate to the calling or profession and obtainable by reasonable study or application, no objection to their validity can be raised."

The *New York Christian Advocate*, whose editor is known as a man of great scientific and literary ability and who has contributed, personally and through his able paper, so effectually to expose the fallacies and frauds of spiritualism, clairvoyance and other delusions, says: "The Grand Jury of Onondaga County, New York, recently made a presentment against Christian scientists and Faith-cure healers. After stating that there are many persons engaged in treating diseases 'who have in no manner complied with the statutes of this State,' they add: *Whereas*, By such practice the health and welfare of our community are greatly impaired, be it therefore *Resolved*, That it is the opinion of the Grand Jury that the District Attorney of this county owes it as a duty to the people to request the aid of the medical societies of the city and county in searching out all such illegal practitioners as the laws of the State provide."

The State of Illinois has a Medical Practice Act, requiring of medical practitioners evidence of competency, which it has been estimated compelled over three thousand incompetent, dishonest or fraudulent practitioners to quit their business or leave the State. Many of them came to Michigan and are still preying upon its people. Of this act, ex-Governor Hamilton, of Illinois, said: "The medical practice act was primarily a police regulation. Incidentally it was educational. Primarily the purpose of the law was to rid the State of incompetent, ignorant and dangerous mountebanks and quacks who are carrying on a fraudulent business by all manner of deceit, in a pretended practice of medicine among the people. It was to protect the lives, the health, the morals and the property of the people of the State from the shameless depredations of swindlers and adventurers, who by all manner of false pretensions and deceptive promises were taking advantage of the misfortunes of the people in sickness and ailments, of all kinds, to still further injure their health, endanger their lives and rob them of their money."

This vivid picture—in all but having the law—might apply with great force to Michigan. Michigan should have a law requiring a rigid examination of all who propose to practice medicine, by a competent Board of

[1] See address by President Western Academy of Homœopathy, Chicago. Michigan "Banner State" for Homœopathy.

Examiners, independent of teachers of medicine or colleges conferring degrees.

Our lay friends may reasonably ask, what should the physician do to promote medical science? I can only briefly allude to some of the many things he can do. First, be it taken for granted that he should personify the highest ideal of a practitioner of rational medicine of which he is capable. It is assumed that he will have the natural and acquired qualifications and the ability to put in practice what he knows. Unfortunately the fittest do not all survive. Many sensitive, unappreciated men withdraw, who are a loss; and some remain who could be spared. But, on the whole, the large proportion of those who having begun the practice of medicine become impatient to achieve fame or wealth without work, or are unwilling to labor and to wait and drop from the ranks, greatly promote medicine by leaving it. He will best serve the science of medicine who best serves his patients by faithfulness to duty at his post, whether in a city or in a country cross roads. If every physician does this the whole profession will be raised.

A higher average in medicine is more needed than conspicuous instances of individual distinction and achievement. The laity will estimate us as we estimate ourselves. The nobility of our profession in every community will be just in proportion as the practitioners in that community ennoble it. It is not simply to relieve suffering, allay pain, stay pestilence, carry cheer, light and hope where was distress and gloom, maintain confidence and protect innocence; but to do any or all of this without magnifying our office is but what is expected and a part of our duty. He must educate the people by precept and example in correct ideas of hygienic and preventive medicine. He must disabuse the minds of the ignorant and thoughtless of popular errors concerning the practice of medicine.

The practitioner who permits himself, without protest, to be known or addressed as an "allopathic doctor," among intelligent people, seems to me not only consents to, but becomes accessory to a hurtful deception on the public and an injury to the profession he should honor, and loses an opportunity to enlighten the ignorant and to teach that rational medicine is not a pathy, and that those who practice it are not "pathists" but physicians, at liberty to use any means, however acquired, in any quantity, by any method that will cure or relieve his patients, and with no commercial interests in remedies.

These may be old truths, but they are fundamental and cannot be repeated too often, if we are to correct popular misconceptions of medical practice. We cannot complain that the non-medical public fails to recognize or understand these facts, if we fail to announce and enforce them in every proper way. The broad name of physician is comprehensive enough to cover everything useful in the practice of medicine. Few among the long list of so-called doctors who have various prefixes and annexes and tags of various kinds to their names, have the courage to announce their professed titles or to adhere to their professed methods. Even the more intelligent of the homœopaths, who have just completed a century of Hahnemannic dynamico-mystic medicine, show restraint, and are becoming restive and divided under their name, which has become the synonym of little. The leading homœopathic journal says that "as Hahnemann was responsible for the names *homœopathic* and *allopathic* which have divided the profession into sects, it would be proper for his followers and representatives to withdraw them, if there is no further occasion for their perpetuation."

At a meeting of the American Institute of Homœopathy, held at Lake Minnetonka, Minnesota, as described in an editorial in the MEDICAL AND SURGICAL REPORTER, August 10, 1889, a resolution was offered requiring all members of the Institute to be believers in and practitioners of homœopathy: in fact, to practice what they profess. This resolution was defeated by a vote of seventy-six to thirty-four. In the city of Philadelphia a few years ago the entire body of visiting physicians to one of the homœopathic hospitals revolted because the Board of Directors (non-medical people who believed there was a science of homœopathy) wanted to restrict the said physicians to the use of purely homœopathic drugs in the service of the hospital. One of the foremost of the so-called homœopathic practitioners in New York City is no doubt correct in saying there is to-day no exclusively homœopathic practitioner in New York City. In the city of Ann Arbor there are a half dozen or more professed homœopathic practitioners—some of them paid by the State to teach this narrow sectarianism—no one of whom,

to my knowledge, announces himself as a homœopath to the public by newspaper advertisement or office sign, or who practices according to the homœopathic laws.

During the hundred years since Hahnemann announced his mystic doctrine, homœopathy has produced no man of scientific note, nor any book of scientific value, while its leaders lament that its followers neglect their text-books and journals for standard medical literature.[1]

Within this period scientific medicine has leaped into new life and made wonderful progress in all departments of learning. These remarkable achievements presage that "the age of dogmas, mysticism and speculation is passed and that medical science, broad and progressive, cannot be compressed into the narrow confines of a creed."[2]

From the practitioner's standpoint we need a better understanding and use of the means we possess, quite as much as the discovery or invention of new means. We need not discourage exploration and research, but to urge as a basis for new work a thorough knowledge of the old. The test of value of remedies is the success resulting. The most brilliant theories are not always practicable. New agents and remedies, if useful, have to be adapted and adjusted to existing and established forms.

History repeats itself in medicine as in other affairs of life, and the intelligent physician will not fail to profit himself by looking backwards, while he surveys the horizon in front and on right and left, in keeping abreast of the times. For him all contributors work. His function is the application of remedies; but they are not always material. To his patients he is counselor and guide. He mixes common sense; he does not advise the patient who can hardly keep the wolf from the door at home, to try the waters of Germany or the air of Colorado or Florida.

The practice of medicine has become so vast, through increased knowledge of function, disease and of procedures of treatment, that no person can become expert in all departments, and many practitioners of choice limit themselves to a portion of the field. But the general practitioner must be considered the typical family physician. And as he may have the first care of such a variety of cases it is important that he should be qualified and ready to give proper treatment to any case that he may be called upon to attend. He may not be familiar with all the minute details of pathological changes, or with all the special appliances in the treatment of rarer forms of disease, a knowledge of which is acquired only by years of extensive study; but he should be able promptly to recognize the cases which from the first, or at any period of their history, present grave features calling for special treatment, or facilities in management, and call in the aid of, or turn them over to, his brother, who, by limiting his work to the smaller field, is more conversant with the details. There is no good reason why every physician, competent to engage in general practice, should not acquire an efficient familiarity with instruments of precision in diagnosis, and be well supplied for the treatment of emergencies. It requires no more or different skill or learning to use an ophthalmoscope or a microscope, and to interpret what is seen through it, than to use a stethoscope and to interpret what is heard through it.

The field of every general practitioner furnishes him with the clinic of a hospital always varied and new. The most important case may occur in the remotest hamlet. The obscurest frontier doctor may discover facts of the greatest interest and value, and, through such an organization as this, bring them within the reach of the profession at large. It will be largely the fault of the general practitioner himself if he permits his title, his standing or his influence to grow less, or the specialists to encroach unduly on his preserves. He will not be likely to disparage the work of the true specialist who limits himself to his chosen field. There is ample room and work for both; and it will generally be due to some abuse of the relation, if the specialist does not have the good-will and support of the general practitioner.

A great surgeon—Frank Hamilton—said: "All honor, then, to the general practitioner." No one who follows the healing art so nearly deserves the title of physician. For him anatomists dissect, physiologists experiment and chemists analyze; for him pathologists investigate, and therapeutics and pharmacy contribute. There is the work to prepare, the material, and agencies to his hand. His to combine, to utilize, to

[1] Address of President Western Academy of Homœopathy.

[2] "Homœopathic and Medical Progress During Present Century." Address of Dr. Nathan Jacobson.

apply. He creates the demand and constitutes the market for which teachers instruct and authors write.

Physicians can promote medical science by cultivating more fraternal relations with each other. The average doctor is too often in a condition of chronic mental and professional hyperæsthesia; hypersensitive to criticism himself and too ready to return it in kind; he is often surprised to find under the thin cuticle of his brother a kinder man than he supposed, and he becomes desirous to establish the same character for himself. Attendance upon and contributions to medical societies, with accurate reports of cases, whether successes or failures, will do much to acquaint physicians with each other, and bring out their noted social qualities, which they too rarely practice upon each other. More frequent professional consultations, fairly conducted, will promote medical science among people and physicians. The suggestion of a consultation should be no reflection or disparagement upon the attending physician. Indeed he should be quick to anticipate the thought. Our friends, the lawyers, are wiser in their business management. It is rare to have a simple case in care of a single attorney; while one of much moment may retain and occupy half a dozen.

It is a good maxim to speak well of the dead; but it seems still better as far as possible to speak well of the living. I have heard of a distinguished medical gentleman, whose enthusiasm in pathology is so great that his keenest interest in a case only becomes awakened when the patient is dead. But we need not make the expression of our friendship wholly *post-mortem*. I saw within the year the report of a special meeting of a society of physicians in our State, gathered to pay a tribute to the memory and worth of one of their members who had gone the way of earth. And as I read the earnest, heartfelt words of one and another who spoke of his many good qualities of head and heart, of his industry and energy even in ill-health, of his kindness to the poor and faithfulness to patients and to all obligations, of his interest in the welfare of medicine, of his attendance at the society meetings, I thought of how much comfort it would have given the subject of all these kind words could he have heard them while he lived.

The physician can have no better guide in professional life nor higher precepts than the much maligned code presents. The profession is looked to as the conservator of medical morals. Its code of ethics is not more advantageous to the physician than to the public. In the majority of cases it is the violator of the code who violates the code of gentlemanly and honorable conduct. Its best provisions guard the patient, the family and the public. No more exalted rule of conduct is found outside the teaching of the Great Physician than its precepts afford.

Finally, my brethren and friends of the laity, interested in the development and triumph of science, let us be of good cheer. One's own horizon is near, and we see but a short distance; but while the sun in our sky is clouded it may be bright and cheery with hope and promise from a thousand other points. Each of us will find an abundant opportunity to influence public opinion in support of scientific medicine, preventive or curative, and in so doing to advance civilization and the interest of humanity. With the present progress in medicine it is not too much to expect that the physician of the future, by the cultivation of bacteriology and allied sciences, will eradicate the whole range of communicable diseases from the earth. Then will the victory of medical science be acknowledged, and the efforts of the physician, aided by the people and the press, will achieve the grand result.

SIMPLE MODE OF RELIEVING SPASMODIC STRICTURE.

BY C. L. DODGE, M. D.,

KINGSTON, N. Y.

The existence of spasmodic stricture of the urethra has been denied by some writers, but it is hardly necessary to say that this opinion is erroneous. Argument is superfluous.

The causes of spasmodic stricture are many and varied. Among the more prominent are the presence of stone in the bladder or urethra; long retention of urine; immoderate sexual intercourse; the free use of alcoholic stimulants; horseback exercise; exposure to sudden changes of temperature, and mental emotion. Examples of spasmodic stricture are also met with as the result of irritation about the rectum from worms, hemorrhoids, fissure of the anus or

fecal accumulation, or by operations upon this part especially the ligature of piles.

The inability to urinate lasting several seconds—which every one has experienced when in momentary fear of discovery—is dependent upon spasm pure and simple as the result of reflex nervous action.

In the following case irritation of the rectum consequent upon the use of a glycerine suppository appeared to be the exciting cause.

On February 18, I was hastily summoned to attend Mr. C., an active professional man thirty-five years old, married. His family history was excellent and he had always been healthy. He had no history of gonorrhœa and had never suffered with stricture or any disease of the genito-urinary organs.

He stated that he had been suffering for a day or two from constipation and had used a glycerine suppository about 2 P. M. This was retained for a few minutes, but caused a great deal of irritation of the rectum; this was followed by a copious evacuation of the bowels. Considerable irritation remained, however, causing severe tenesmus and smarting for about half an hour when a desire to urinate was felt, but the man found, to his dismay, that he was unable to empty his bladder. After repeated efforts to void his urine, without success, he sent for me. I found him suffering severe pain above the pubes, with intense vesical tenesmus. I suggested the use of a catheter, but the patient was very nervous and wished me to try other means first. I then directed him to immerse the penis in a cup of water as hot as could be borne, in the hope that this might cause the spasm to relax; but it proved unavailing. I then gave him one-quarter grain of morphine by the mouth. Shortly after taking the morphine and before its antispasmodic effects could have been produced—for he had just made another attempt to urinate—I asked him to come into the bath-room and to try once more to void his urine while I turned on the faucet of the wash basin and allowed a gentle stream to run. In less than a minute the spasm relaxed and he passed over a pint of limpid urine. He has had no return of the trouble since.

This old method—which is so simple and effective—is perhaps not familiar to all the readers of the REPORTER, and so I venture to recommend it to those who are not familiar with it.

CHOREA.[1]

BY F. A. BUTLER, B. S., M. D.,
HARVARD, NEB.

Chorea was sketched for the first time, in the writings of the English father of medicine, Sydenham, as a sort of convulsion that attacks boys and girls from the tenth year, until they have obtained their growth, commonly known in this country as St. Vitus' dance, the dance of St. Guy in France and the dance of St. Veit in Germany. This is a disease too well known by the medical profession for me to undertake to describe it by picturing in glowing terms anything essentially new. It is a well-known fact that chorea may come on at a much earlier period than the tenth year of age; perhaps the greatest number of cases we are called upon to prescribe for are from the age of eight to twelve years. At the same time we have all seen cases that are much younger or older than this period. Chorea is no doubt a neuropathic disease. The movements are the most characteristic feature of the disease; they seem to consist in a series of clonic spasms, unattended by pain, and resemble not infrequently those of a child out humor; and are usually more perceptible upon one side of the body than the other, at first not infrequently being confined to one side.

The movements seem to be always increased by any attempt to exercise the will, or under any emotional excitement, but usually cease when sleep is induced. At times some of the movements of the face are very characteristic, want of muscular power is shown by the readiness by which the patient becomes tired, sometimes paralysis seems to be a marked feature, and as a rule the muscles most affected by the movements are those which are most paralyzed. It is apparent from my observation, that not infrequently chorea and paralysis are closely allied. For in paralysis, properly so-called, the paralyzed parts are affected by movements which without question are not marked by many variations of movements, from those of chorea. There is often a feeling of numbness, and Trousseau says that numbness, when present, is usually accompanied by tingling. The vacancy of expression resulting from the

[1] Read before the Nebraska State Medical Society, May, 1890.

paralyzed condition, may in some extremes suggest the idea of idiocy, but this expression should not be taken as a gauge by which to measure the mental condition of the patient, at the same time there may be more or less dulness and listlessness than fretfulness.

The patients who suffer from chorea, the authorities tell us, are very impressible and emotional, and quite liable to derangements of the nervous system. Not infrequently in tracing out the history of a patient with chorea, there were spasms during teething and seemingly a predisposition to other disorders of the nervous system, frequently the mother had at or before the time of puberty an attack of some one of the following disorders: Spinal disease so-called, hysteria, epilepsy or chorea, and insanity can sometimes be traced in the family history.

Chorea is sometimes symptomatic, sometimes idiopathic. Among the many causes to be enumerated, the one I am desirous of calling attention to, is fright; a frequent cause where the tendency and predisposition exist. Again, some authorities state that the causes of chorea and rheumatism are closely allied, if not identical. Chorea seems to be a disease common among the poor and ill-nourished; rare, comparatively speaking, among the rich and well-favored. Does not the same hold good for rheumatism, in being more prevalent in a cold, damp climate than in a warm, dry climate? The season of the year does not seem to influence the development of chorea very much; however, the cases I have met with in Nebraska occurred mostly in the winter and spring of the year. It is my opinion that sex has somewhat a controlling influence. In summing up cases of chorea, it will be found that the disease affects more than twice as many girls as boys. This may be accounted for by the fact that the emotions are stronger in girls, since in them the nervous system predominates, the muscular power being weaker than in boys. This is a partial explanation of the fact at least, which statistics fully establish. While not desirous of criticising our public-school system in particular, it must not, however, be lost sight of, that the severe discipline and the arduous work to which many of the pupils are subjected, in pursuing too many studies at once, thus increasing the strength of the emotions, by an over-taxed mental strain, weakening the control of the will over the muscles, with the peculiar changes occurring in the female at or near the period of puberty, is another reason for the excess of the female cases. On the other hand, the changes in the male at puberty do not appear to increase the liability to the disease, and cases in the male after the twelfth year of age are comparatively rare. According to Smith anemia is one of the most common predisposing causes, exhibiting itself by pallor of the countenance and other characteristic signs.

The peculiar neuropathic state referred to already is no doubt largely dependent upon impoverishment of the blood, and in some instances entirely due to it. Of course there might be enumerated many other ingenuous theories regarding the prime causes of chorea, based on a hypothesis far more theoretical than practical. Further and more scientific observations are necessary to elucidate how much truth there is in some of the theories produced upon this subject. These theories are too numerous and extended for me to undertake to reproduce them in this paper. Some of the early writers record epidemics of chorea occurring in the Middle Ages and spreading through villages, but in modern times it is rare that the disease originates in epidemic form; occasional examples, however, have been recorded. We are unable to find any account of cases spreading by imitation in modern times that did not seem to belong to the same form of chorea traceable to the same cause, where a number of children in the same family were afflicted at the same time, or instances where an epidemic broke out among the pupils of a boarding-school, in both instances the cause could no doubt be traced to over-taxed mental strain, food of an insufficient quantity or unwholesome in quality, or to both these causes combined, causing a disintegration of the nervous forces, and producing anemia; which is in my mind one of the most potent factors in the production of chorea. In the recorded epidemics in the Middle Ages, classified as chorea major, the symptoms differ so materially from those of chorea minor, that it is a question whether it should have the same generic term. It is a curious and interesting disease in its psychical and pathological aspect, being rare in modern times; knowledge of it is of little practical importance, and instead of being classed as chorea major, a more appropriate classification would have been religious passion or ecstatic monomania, due to excitement of a vague religious character.

During the past year I have been called

upon to prescribe for about a dozen cases of chorea in children, ranging from the age of six to fifteen years. I desire to give in brief the history of one of the worst cases I have seen in Nebraska, with the treatment used in this case, which was about the same, with some variations, as used in the other cases, and was successful in controlling the disease in about five or six weeks' time.

On Saturday, February 15, I was called to Stockham, Hamilton Co., Neb., to see Maggie W., a girl ten years old. On arriving I found a thin, anemic, badly nourished child, who, the parents stated, had been afflicted with rheumatism a month or so previous. The mother had noticed that during the last few days the child had become very restless, which restlessness had become very much aggravated during the previous night, the tossings and jerkings becoming general. Standing or walking was impossible, the child had lost the power of articulation. She had an occasional spell of crying and weeping, and her features were continually being twisted into the oddest grimaces. When asleep her face seemed wanting in expression, indicating the idea of silliness, and becoming so changed that she was hardly recognizable by friends as the bright-faced, quick-witted, intelligent school-girl of a short time previous. The saliva dribbled from the mouth, and food, which she could only get by being fed, could scarcely be kept from falling out of the mouth, mastication and swallowing being a matter of much difficulty. The tongue was unsteady, the pupils were dilated and sluggish, the pulse was weak and quick, the hands were cold and moist. She had not slept any, only at short intervals, for two days; her bowels were constipated, her urine scanty and high-colored, soon becoming offensive on standing. In examining the chest with the stethoscope, an anemic murmur was perceptible over the region of the heart. On account of the distance, I was only able to see this case about once in five days, after the second visit.

Nourishing food of a liquid form was advised to be given frequently. A tablespoonful of port wine three times daily, and an alcoholic bath once each day, which, with the following prescription, constituted the treatment.

No. 1.

℞ Syr. ferri iodidi . . . . . f℥ii
Liq. potas. arsenit. . . . . f℥iiss
Syr. simp. q. s. ad . . . . . f℥iv
M. Sig. One teaspoonful every six hours.

No. 2.

℞ Ext. scutellariæ fld. . . . . f℥i
Tr. digitalis . . . . . ℥i
Ext. cascaræ sagr. fl. . . . . f℥iv
Syr. simp. q. s. ad . . . . . f℥iv
M. Sig. One teaspoonful every six hours.

One teaspoonful of each of the above was given alternately every three hours.

I visited this case three days after the first visit, but found no material change excepting the bowels were well regulated, and the child slept better, and had a greater disposition to take nourishment. The treatment was continued with some alterations. On making inquiry regarding the family history, the mother said she had had an attack of "spinal complaint" that had lasted about a year, at the time of puberty, and was very susceptible to sudden emotional changes, could shed tears one moment and laugh the next. I visited the patient about every five days for five weeks. Improvement soon became apparent, the power of articulation returned about the middle of the third week, at the same time she had gained sufficient strength to stand and take a few steps with assistance. From this time on improvement was rapid; at the end of the fifth week all traces of any involuntary uncontrollable movements had ceased. The compound syrup of hypophosphites, one drachm after each meal, was now instituted in place of the treatment that had been followed.

Recovery was complete, satisfactory, and I believe, permanent.

INFANTILE DIARRHŒA.[1]

BY C. A. GILL, M. D.,
STOUGHTON, WIS.

The subject of infantile diarrhœa is one which should engage our most serious consideration, from the fact that it is one of the most frequent and most fatal of infantile maladies. The diarrhœa is but a symptom of the disease characterized by frequent and fluid stools. The most common cause of this is improper feeding, either in quantity, quality or frequency. Heat is an important factor in the production of this disease, as fermentation and decomposition of organic matter take place, generating poisonous

[1] Read before the Central Wisconsin Medical Society, June, 1890.

matters which act deleteriously on the sensitive organisms of young children; some go so far to assert that it is really a heat-stroke acting on the nerve centre, producing a vaso-motor paralysis of the intestines, and that as a result congestion and diarrhœa follow. Be that as it may, we know that heat plays a very important part in its causation. Other causes are cold, intestinal worms, dentition, etc. But I believe that if the quantity, quality and frequency of administration of the food were regulated and the infant were given cool water, there would be comparatively few cases of this disease. The system of these little patients is debilitated by heat and they do not require nearly as much nourishment as in the cooler months, and yet the mother, solicitous for the welfare of her babe, hearing it cry and supposing it to be hungry or wishing to quiet it, feeds it more, still further burdening its already overtaxed digestive powers. We can readily understand how, when food is introduced into the system under the condition presented by these little ones, with their blood-vessels depleted of their water, the fluid portion of the food would be rapidly absorbed, leaving a hard, indigestible mass to ferment and irritate the bowels.

In regard to treatment of infantile diarrhœa: first and foremost, one should withhold all milk for from twenty-four to thirty-six hours; and plenty of cool water should be given in small quantities and at short intervals; and, for nourishment, only barley water. At the end of this time I have usually found a great improvement in all the symptoms, and I then commence and give a preparation composed of one pint of milk, one-half a pint of barley water and one-half a pint of lime water, with a little sugar. I also give a little beef juice, three or four times daily. If this be given cool, it is retained on the stomach nicely and is certainly very nourishing. Proprietary foods I discard entirely, as in this mercenary age I have not sufficient confidence in their being prepared as represented.

In regard to medicinal treatment, I use bismuth almost entirely, usually combining it with chalk mixture. It seems to me that irrigation of the colon with warm water is not employed as much as it should be. I have used it in a few instances, using a fountain syringe with a soft rubber catheter attached, and passing it up for twelve or fourteen inches into the colon, using a pint of boiled water with a little bicarbonate of soda. Such treatment seems to be called for when we recollect that in this disease the greatest amount of pathological change is in the large intestine. Further, a sore, irritable bowel is amenable to, in principle, the same treatment as any other part of the body similarly affected; and if we cannot, in the bowel, secure absolute cleanliness, we should endeavor to approach it as near as possible.

The little ones usually have a high temperature, and to reduce this I use the bath, commencing with water at 105° and gradually cooling it down to 75°. To one who has never employed this for these cases, it is surprising and gratifying to observe the quieting, soothing effect it has. In one case, which I had this summer, in a babe three months old, with a temperature of 104°, I immediately put the patient in the bath; and in half an hour after, when taken out, the temperature was 101°, while before it the child was restless and crying. It now lay quietly in its mother's arms, smiling. It is a good plan to always take the temperature of these patients in the rectum, as very often the skin will be cool when the temperature in the rectum will be above normal.

Another important point is to endeavor to have these little patients taken into the open air as much as possible; but at the same time to have their bowels protected by a flannel roller. After the more acute symptoms have subsided, I find a solution of nitrate of iron acts beneficially, as infants with diarrhœa are usually anemic and require some blood tonic, and as this preparation is astringent it fulfils the indications.

To recapitulate then, I would say the treatment of infantile diarrhœa may be described as follows:

1. Withdraw all milk for from twenty-four to thirty-six hours.
2. Regulate the quantity and quality of the food and the frequency of giving it.
3. Give plenty of cool water.
4. Reduce the temperature with the bath.
5. Give medicines of an antiseptic and astringent character and stimulants as needed.
6. Wash out the colon two or three times a day.

—It is said that in London opium smoking is practiced under the direction of a physician, who gives directions as to the preparation of the drug and the technique of its smoking.

REPORTS OF CLINICS.

TUNG CHOW PRESBYTERIAN HOSPITAL, TUNG CHOW FU, CHINA.

SERVICE OF DR. ROBERT COLTMAN, JR.

Leprosy.

This man, 27 years old, presents himself for a numbness of the extremities which he says began gradually six months ago. He is a farmer, and lives ten miles from here in the country. You will notice the hair of his eyebrows has dropped out, and that his forehead is becoming slightly ridged and a good deal discolored with reddish brown elevations—evidently a thickening of the integument and superficial cellular tissue. He has no specific history. His father, mother and a brother are all living and well. He suffers no pain anywhere; eats well and sleeps well, but has a sense of lassitude which, with the numbness, prevents his doing his customary work. This is a case of leprosy in its earlier stage. How this man contracted it is a mystery. He says there has never been a case before in his family or village, but that there are two cases in a village a mile off. Yet when we see how lepers go at large all over these eighteen provinces of China, we wonder that there is not more of this dreaded disease than we find to exist.

What can we do for him? A good deal perhaps. Sometimes in the early stages a tonic and alterative treatment will long delay the later manifestations during which so much deformity occurs. Chaulmoogra oil was at one time boasted of as a specific in this disease; but it soon fell into disuse, and we now scarcely ever hear of it. It doubtless has its use in a limited field, but being overpraised, too much was expected of it, and its users being disappointed grew disgusted and abandoned it. The iodides and chalybeates offer the most certain relief, and I shall place this man upon the syrupus ferri iodides, gtt. xx, three times daily, and tell him to dilute it well with water, and take immediately after eating.

It occurs to me that the great powers of the earth, such as Russia, England, United States, France, etc., are derelict in their duty that they do not remonstrate with the Emperor of China on the subject of leprosy, as it is one that immediately concerns not only this empire but the world at large. What good does it do to try and suppress leprosy and stamp it out when the most populous country on the globe allows such of its subjects as have the disease to enjoy perfect liberty, handling the coins in common circulation with their mutilated fingers, eating and drinking from vessels at public inns, and in fact having not the slightest restriction put upon them.

Ulcer of the Cornea.

This patient, 32 years old, is a soldier, and has been coming regularly for a number of days to be treated for ulcer of the cornea. For the first few days he had a few drops of a nitrate of silver solution, strength a quarter grain to a fluid ounce of water, dropped into the eye and a bandage applied. Contrary to expectations, he made no improvement, and a more careful examination revealed a little cluster of hard, rough granulations on the upper lid just over the site of the ulcer when the lid is closed. These I curetted two days ago, and then touched with a crystal of lead acetate, wiping off the lid well with absorbent cotton before allowing it to close. To-day the man is much improved, and the ulcer is becoming more shallow and is evidently healing. He suffers very little pain, which is unusual. We shall go back again to our silver solution and bandage, and I think a week or ten days will find our patient entirely well.

Dropsy from Bright's Disease.

This man, 41 years old, is dissatisfied with my treatment. He says my predecessor cured him last year in a few days, and that he has been coming to me several weeks and is little if any better. This is too true, and what is worse is that he will, I am afraid, be more than ever inclined to think I am a poor physician later on, as his case will probably go from bad to worse. Last year he came with a dropsy such as you see now, and my predecessor, Dr. Neal, diagnosticated his case correctly as Bright's disease (though the form is not given in the record) and placed him on drastic cathartic treatment which, as the man says, cured him at once. His dropsy disappeared and he was able to go to work again. A little over a month ago he began swelling again and soon came to us for relief. At that time his limbs, abdomen and face were all swollen, and the skin pitted on slight pressure. His urine contained more albumin than I have ever met with before. It was almost solid with

albumin and tube-casts were also abundant. I gave him compound jalap powder in drachm doses, three times daily, with but little effect. Two weeks ago I placed him on infusion of buchu, a wineglassful four times daily, and a purge every other day. Since then his dropsy has lessened somewhat, so that now his face is free from it and the abdomen is less swollen than formerly. But his limbs remain of immense size and his urine is still loaded with albumin. I regard his improvement as only temporary, and expect a complication will soon come on and terminate his case. It is impossible for him to live on a milk diet or even to obtain milk at all, as he is a day laborer, and milk would be too dear for him to purchase. He suffers no pain, but occasionally has heavy headaches. He always feels better after a purge. I shall continue the buchu, and each night order him to take one drachm of compound jalap powder.

Leg Ulcer.

This boy, 18 years old, has a large, irregular ulceration of the right lower leg. The ulcer is foul and discharging a thin, offensive pus, which forms crusts wherever it flows. The margins are dark blue and unhealthy looking, as well as swollen and dirty. It seems to me that soap and water applied three times daily would do a great deal without any further treatment, but we can probably do more by proper medication. The boy's blood is in bad condition, and red-blood corpuscles seem to be scarce. Therefore we shall give him a pill containing quiniæ sulphates, gr. i, and ferri redacti, gr. ii, three times daily, and apply locally an ointment of zinci oxidi, hydrargi ammoniati and plumbi acetatis, made up with cosmoline. The formula is about the same as Fox's eczema ointment. For all classes and conditions of ulcers, I have found this ointment to give universal satisfaction and I use more of it than of all other ointments put together—sulphur ointment alone excepted.

Psoriasis of the Scalp.

This boy, 14 years old, presents a condition that the ointment used in the preceding case will not cure. He has psoriasis of the scalp. Not a hair remains and his head is as white as snow. At a little distance he looks as though he had on a white cap. I never saw a case of this affection in the United States, and when I first came to China I had considerable difficulty in treating it. I first used the ointment given to the preceding patient, and, although the cases did fairly well while they used the ointment, they immediately relapsed upon its discontinuance. I tried various combinations without success; finally I used an ointment of equal parts of liquid pitch, oleate of mercury (5 per cent.) and cosmoline. This works like a charm. The crusts are all picked off, then the scalp is washed and thoroughly dried, and then the ointment is applied. If the hair has not fallen out, I have the entire scalp shaved. In this case we will follow the routine plan just described. We will also give this boy liquor potasii arsenitis, gtt. v, three times daily, as I find that an alterative always hastens a cure. In some cases the hair grows again, even after it has fallen out. Often it comes in again perfectly white. I have seen several instances in which, as a result of this disease, a man or boy would have several perfectly white patches of hair an inch or two in circumference, growing in the midst of a head of black hair. In this case I think the boy will never have any hair at all. The most we can hope for will be a clean, shining scalp.

PERISCOPE.

Brain Grafting.

The *New York Medical Journal*, June 28, 1890, contains an exceedingly interesting paper by W. Gilman Thompson, M. D., Professor of Physiology in the New York University Medical College, entitled "Successful Brain Grafting," in which he says:

"Attempts have been made to graft nearly all the different tissues of the body: skin, bone, teeth, muscle, nerves, glands, eyes, mucous membrane, etc., have all been grafted with more or less success; but successful brain grafting has not heretofore been performed. With the exception of skin grafting, and possibly mucous-membrane grafting, the results of such experiments have been of little practical value. They are, however, of great scientific interest in demonstrating the relative vitality of different tissues and the histological changes which accompany degenerative processes. The laws of atrophy and final disappearance of disused organs, so ably advocated by Darwin, are equally striking with regard to individual tissues and cells, and it is a well

recognized fact that the higher the original development of a tissue or cell has been—*i. e.*, the more it has been differentiated or specialized from the amœba type—the more profoundly it is affected by alterations in environment or nutrition, so as to degenerate completely, or be replaced by some form of tissue like the connective, which is of lower development but stronger vitality. The result of nerve grafting and of nerve suture after complete section have varied greatly in the hands of different operators, but, despite many discouraging failures, there is no doubt that in man, as well as in the lower animals, nerve fibres may reunite when sutured even after secondary degeneration has occurred, and they exhibit restoration of function. For this to occur, however, the nerves must be in communication with some trophic centre. Nerve grafting does not succeed so well as nerve sutures in favorable cases. It occurred to me recently, while studying cerebral localization in the lower animals, that it would be interesting to graft a piece of brain tissue from one side of a dog's brain to the other, or from one animal's brain into another's and study its vitality. Of course, I had no expectation of being able to restore abolished function by the operation, but the question of vitality of the brain tissue and the course of its degeneration is a subject which is of very wide interest. The first experiments were preliminary, made in order to ascertain whether the transplanted brain would be immediately absorbed or would slough away."

In his first experiment two large dogs, A and B, were simultaneously trephined over the right occipital region; 8 c. c. of brain tissue were excised in one piece and exchanged; the piece from dog A was put into the opening in the brain of dog B, and *vice versa*. On the third day both dogs were killed, and the transplanted pieces of brain tissue looked normal, and in each case they were so adherent and firmly covered with fibrous exudation that it was impossible to pull them off with forceps without laceration. Total blindness of the eye opposite the lesion resulted in each dog, as was expected.

In the second experiment, a cat and a dog were simultaneously trephined, and 3.5 c. c. of brain tissue were removed from the dog's left occipital region and transplanted into an opening of the same size in the cat's left occipital region. Three days later the cat was killed. The transplanted dog's brain was found where it had been placed, firmly adherent to the cat's brain by a layer of fibrin, which varied from one-fourth to half an inch in thickness. The cat was, of course, totally blind in the right eye.

In the third experiment another cat and dog were simultaneously trephined; 4 c. c. of brain tissue were excised from the dog's right occipital region and replaced by an equal quantity of cat's brain from the same region. On the fourth day the cat's brain was found adherent to the dog's by a layer of fibrin.

No microscopic examination was made in connection with these experiments, as it was intended only to determine the possibility of the transplanted tissue adhering. Being satisfied in regard to this, Dr. Thompson secured a large dog and performed experiment fourth. A half-inch trephine was used and a button of bone was cut nearly through over the left occipital region, leaving a small attached margin so that the button could be elevated and then depressed like a little trap-door. Through the opening 2 c. c. of brain tissue were removed. A cat was simultaneously trephined and 1.5 c. c. of brain from her left occipital region were transferred in eight seconds to the opening in the dog's brain. The trephine opening was closed with the button, and the wound, which had been opened under careful antisepsis, was closed and dressed with layers of antiseptic gauze wet with thick collodion, which is the only practical dressing for brain operations on dogs, because they cannot tear it off. The dog was totally blind in the eye opposite the lesion and so remained until his death. He was, unfortunately, not tested as carefully in regard to the other eye. He was very dull—a street mongrel—and it did not occur to Dr. Thompson to do more than test the vision of the eye opposite the lesion (which he always found absent in such cases, with normal vision on the side of the lesion). As the autopsy showed, however, there was secondary degeneration of the opposite occipital region, which must have progressed far enough to have greatly impaired the vision of the left eye. The dog made a good recovery from the operation, although he was very feeble for a few days and had to be fed with nutrient enemata. Subsequently he appeared normal in every way, excepting the loss of vision. He was killed at the end of seven weeks, when the piece of transplanted cat's brain was found firmly adherent to the dog's brain, with the pia

mater intact. The brain was hardened in Müller's fluid for some weeks and a report of its examination was furnished by Mr. Warren Coleman, assistant in the Physiolgical Department of the Loomis Laboratory, who prepared specimens of the brain for microscopic demonstration.

The features of interest of this experiment are the apparent demonstration that there is complete union, through organized connective tissue, of the contiguous portions of the two brains; that after seven weeks the cat's brain still maintained enough vitality to be distinctly recognized as brain tissue; that brains of animals of two very different species were thus made to unite; that the cat and dog pias presented perfect union as well.

There was a sympathetic degeneration of the corresponding convolutions upon the opposite side of the dog's brain. For this curious fact Dr. Thompson cannot account. He had never noticed it before, in as many as fifty operations upon this region of the brain of cats and dogs, although he had sometimes seen removal of a part of the occipital region result in extensive softening of the entire hemisphere of the same side. The opposite degeneration in this case may possibly be a mere coincidence; if so, it is a very unusual and remarkable one. There was no meningitis to favor it.

There was descending secondary degeneration of the dog's brain on the side of the graft, as is usual in cases of simple excision of brain cortex; hence the cat's cortex had not succeeded in acting as a nutrient centre for the dog's brain. The microscopic specimens showing the line of union of the two brains were shown to several competent microscopists, who endorsed their appearance as here described, so that there can be no question of the accuracy of the observation.

The main fact of this experiment, namely, that brain tissue has sufficient vitality to survive for seven weeks the operation of transplantation without wholly losing its identity as brain substance, suggests an interesting field for further research.

Precautions in Prescribing Calomel.

The *Medical Record*, August 2, 1890, says: In times not yet long past it was the rule to caution all to whom a dose of calomel had been given to abstain for a while from salty and acid food; the reason for this precaution being, of course, the belief that calomel in the presence of strong acids or of chloride of sodium would be changed to corrosive sublimate. We doubt whether this rule is followed so strictly at the present time as it was a quarter of a century ago—in fact we are positive that it is not—and yet instances of poisoning from small doses of the mild chloride of mercury, in which the symptoms would render it probable that the conversion into the bichloride had taken place, are certainly exceedingly rare. It would seem, therefore, as if the precautions taken by a former generation were needless, and clinical experience is strengthened by theory when we consider that if this change ever took place in the body it should always, since the contents of the stomach are usually acid, and ought to convert at least a portion of the ingested calomel into bichloride of mercury. A correspondent of the *Revue Générale de Clinique et de Thérapeutique* makes a somewhat similar suggestion in a recent issue of that journal, and asks if this is not, after all, a therapeutic superstition. In his reply the accomplished editor of the journal, Dr. Henri Huchard, recalls the chemical properties of calomel. It is, first, insoluble in water. Alkalies transform it into metallic mercury and the bichloride. Concentrated hydrochloric acid, with the aid of heat, transforms it into the bichloride; so also in a measure do alkaline chlorides and alkaline iodides at ordinary temperatures. Finally, hydrocyanic acid in the presence of calomel converts it into metallic mercury and the bichloride. Of course it does not follow that the same reactions will occur in the stomach, and it is not always safe to argue from the laboratory to the human organism. It is true that the stomach normally contains acids which, in a test-tube, would convert the chloride into the bichloride, and that many persons partake freely of salty and acid foods after a dose of calomel, and suffer no evil consequences therefrom. Nevertheless, there is no harm in being prudent, especially when it is so easy, as in this case; and we think, therefore, that Dr. Huchard's conclusions are well worthy of being observed. These are as follows:

1. All the alkaline chlorides are incompatible with calomel, and we should therefore forbid all salt food after a dose of calomel has been given.

2. In certain diseases calomel is pre-

scribed in fractional doses at the same time that the patient is taking iodide of potassium; now, as this salt causes the conversion of the chloride into the bichloride, it is the wiser course not to have the two drugs together in the stomach.

3. Calomel should never be prescribed in the same mixture with preparations containing hydrocyanic acid, such as cherry-laurel water and the like.

4. Some forbid all acid drinks after a dose of calomel has been taken; but as acids convert this salt into the bichloride only when they are in concentrated hot solutions, this precaution seems hardly worth observing.

Heredity and Contagion in Tuberculosis.

In *Science*, August 1, 1890, there is cited an abstract of a valuable paper on tuberculosis by Dr. August Haupt, of Soden, which was published in the *Deutsche Medicinal Zeitung*, April 3, 7, 10 and 14, 1890.

In this paper Dr. Haupt states that among the 1,500 inhabitants of Soden there are 101 who let lodgings. In most of the houses the wives, with sisters or daughters, serve and tend the tuberculous patients who come for treatment. In many houses servant-girls from the neighboring villages, hired for the summer, help make the patients' beds, cleaning their rooms, beating the carpets, removing the sputum. These occupations, so closely connected with the danger of infection, are, among others, the tasks of these persons; and it must be added that they prefer the severest cases, because, as more help is required, the remuneration is higher. In winter the members of the landlords' families occupy the rooms in which generally the most severely affected patients have lain —the rooms on the ground floor. Between 1855 and 1888, 48 of the 238 members of such families died, 10 of them of tuberculosis. In 6 of these 10 cases, heredity was demonstrable, and the remaining 4 were due to colds and external causes. Of the 415 servant-girls, 17 died, 5 of them of tuberculosis, also demonstrably due to other causes than infection. Within 30 years, then, among 653 persons, most of whom were for several summers with and in attendance on the patients, there were 15 deaths from tuberculosis, none caused by infection. The same proportion prevails among other persons in close contact with consumptive patients—attendants, washerwomen, etc. As to the general mortality of Soden, the following data are interesting: 76 persons died during the last three years, 10 aged from 80 to 85, 11 from 70 to 80, 9 from 60 to 70. Of these 76 deaths, 7 were due to tuberculosis, including 2 cases of tuberculous meningitis in children, and 1 of tuberculosis of the bones, also in a child. Of the 4 other cases, only 1 was that of a person who came in contact with patients, and this was a case of alcoholism, ending in phthisis.

Unusual Arrangement of the Branches of the Aortic Arch.

At a recent meeting of the Pathological Society of Toronto, Dr. Primrose (*Canadian Practitioner*, August 1, 1890), showed a dissection of the great vessels arising from the arch of the aorta, which exhibited the following peculiarities: The first branch arising from the arch was a common trunk, one-half of an inch in length, which bifurcated in front of the trachea into the two common carotid arteries. The two carotid arteries, after gaining the outer side of the trachea, on the right and left sides respectively, continued upwards in normal relation to the air-tube and the other structures at the root of the neck. The second branch arising from the arch was the left subclavian; arising one-half inch from the origin of the first branch, it passed upwards to the outer side of the left common carotid artery, but lying on a plane posterior to that vessel. The vertebral artery arose from the subclavian, one and a quarter inches from the origin of the latter vessel. The subsequent course of the subclavian artery and its branches of distribution were normal; the left pneumogastric nerve passed in front of the artery to cross the aortic arch. The third branch from the aortic arch arose one-half inch from the origin of the left subclavian. It was the last of the great vessels arising from the arch. The two vessels last described arose from the superior portion of the arch, whilst the right subclavian arose from the posterior aspect of that vessel. The artery then coursed upwards and to the right, crossing the spinal column and the longus colli muscles obliquely, lying behind the trachea and œsophagus; the artery then lay on the right side of the trachea, between it and the right longus colli muscle, it then passed outwards behind the scalenus anticus muscle and occupied its normal po-

sition, crossing over the first rib. The vertebral artery was the first branch given off, and the other branches of the artery were normal in course and origin. The left vagus nerve crossed over the aortic arch, and its recurrent laryngeal branch ascended behind the arch and crossed over the anterior aspect of the right subclavian artery in its course to the larynx. The right inferior laryngeal nerve passed directly from the vagus to the larynx without running behind the right subclavian artery and was therefore not recurrent.

Leprosy Inquiry in England.

The *Lancet* says editorially, July 26, 1890: At the meeting of the Leprosy Committee last week some important resolutions were arrived at. It was agreed that a Commission should be appointed at an early date in coöperation with the Indian Government, which will contribute liberally towards the expenses. The three members of the Commission are to be nominated by the Royal College of Physicians, the Royal College of Surgeons and the Committee, respectively. Some discussion took place as to whether this third member should be a layman, but no conclusion was arrived at. It also transpired (*sic*) that the Journal of the Leprosy Committee, which is to publish facts concerning the disease, and collate information from all parts, will be of high scientific value.

Amongst the many questions which require determination is that of the best treatment of the disease, which appears to be in a very unsatisfactory state. Leaving out of consideration the question of isolation and segregation—the real value of which (in spite of the general opinion) is still a moot point—the information we have at hand with regard to the most suitable therapeutic measures is fragmentary, contradictory and not altogether encouraging. From time to time, various "specifics" have been lauded, and cases of supposed cures cited, but further trial has only resulted in failure and the different drugs have dropped into the category of useless and discarded remedies. The Chaulmoogra oil seems to have held its ground longer than anything else, and is still to some extent employed with at least occasional benefit. Many observers consider that leprosy is quite incurable, and that all cases are hopeless. Nevertheless, there have been undoubted cases which have been cured in England and elsewhere. The records of several asylums in different parts of the world show that here and there is to be found a patient who has been in the institution for years—with deformity and other results of the old malady, it may be, but with all active manifestations of the disease long arrested, and with the general health quite good. To all intents and purposes such cases have been virtually *cured*. In Norway, during the quinquennial period 1880–85, some thirty-five cases have been regarded by the asylum physicians as cured. Dr. Danielssen, of Bergen, whose experience of leprosy is probably greater than that of any other man living, has stated that he regards cases in their early stages as not absolutely incurable; and many other physicians, both in Norway and other places, have also demonstrated that, although there is no specific, considerable amelioration of even bad cases may be effected by surgical and other therapeutical measures.

Explosion of Chlorate of Potassium and Chloride of Ammonium.

Mr. Charles Bullock, in the *American Journal of Pharmacy*, August, 1890, says:

The mixture of the above-mentioned salts, which has been in use for some time as a popular remedy for mouth and throat affections, has been viewed with suspicion, as a probable source of mischief, on account of the decomposition resulting between them. After a few weeks, chlorine compounds are evolved, noticeable by the odor and by the effect on the organic material which may be in contact with or near them. If the quantity of the tablets is large, sufficient heat may be generated to cause spontaneous combustion, should circumstances favor it.

We had a new experience with them a few days since. A lot of the tablets, more than a year old, were removed from the small bottles in which they are usually put up, and four ounces of them placed in one bottle and finished for delivery. While standing undisturbed, a loud explosion occurred, and the bottle containing the tablets was almost pulverized—the concussion breaking several other bottles in proximity, although they were protected by pasteboard cases. The cause of the detonation may be looked for in the formation of chloride of nitrogen as

one of the resultants of decomposition between the salts. This experience determined us to deposit the remainder of our stock of the tablets in the Delaware River for safe keeping!

African Arrow Poison.

The poisons used by the natives of Africa to render fatal the wounds made with their arrows, as described by Mr. Stanley in his recent work on Africa, are, when fresh, of most extraordinary power. Faintness, palpitation of the heart, nausea, pallor and beads of perspiration break out over the body with extraordinary promptness and death ensues. One man is said to have died within one minute from a mere pin-hole puncture in the right arm and right breast; another man died within an hour and a quarter after being shot; a woman died during the time that she was carried a distance of a hundred paces; others in varying spaces of time up to a hundred hours. The activity of the poison seemed to depend on its freshness. The treatment adopted was to administer an emetic, to suck the wound, syringe it and inject a strong solution of carbonate of ammonia. This carbonate of ammonia injection seems to have proved a wonderful antidote if it could be administered promptly enough. One of the poisons with which the weapons are smeared is a dark substance like pitch. According to the native women, it is prepared from a local species of arum. Its smell when fresh recalls the old blister plaster. It is strong enough to kill elephants. This poison is not permitted to be prepared in the village. It is manufactured and smeared on the arrows in the bush. These results of the African arrow poison are quite remarkable; but it would be interesting to know if they owe anything to fear and its effects, or if similar results can be obtained by inoculating the lower animals.

Pitjecor.

In the REPORTER, April 26, a brief note of the substance called pitjecor was given. Fuller explanations from the *American Druggist*, May, 1890, describe pitjecor as an absolutely pure cod-liver oil, deprived of fat and non-emulsionized, mixed with a certain proportion of creasote, which latter dissolves easily in all oils and is not modified by them. One tablespoonful of the new preparation corresponds to two of ordinary cod-liver oil. It has the property, according to Casati, of destroying the bacillus of tubercle, rapidly diminishing the tuberculous secretion, suppressing the hectic fever and night-sweats, and rapidly ameliorating the general condition. Its effects upon nutrition, says Casati, are most striking, the patient gaining in weight almost from the commencement of its issue. The "*huile de foie de morue creosotée*," or creasoted cod-liver oil, prepared by Rigand & Chopoteaut, of Paris, seems to be about the same thing as the "*pitjecor*" of Casati, and some remarkable instances of its value in phthisis have recently been recorded in French medical journals.

Autographism.

Under this name says the *Popular Science News*, August, 1890, Dr. Mesnet has recently described to the Paris Academy of Medicine, a curious disease, or condition, of certain patients of his, which manifests itself in a remarkable sensitiveness of the skin to pressure or friction.

Dr. Mesnet finds that when the skin of such a person is written upon with a pointed instrument, pressed with the fingers, or even rubbed by a fold of the clothing, a very curious set of phenomena occur. In the first place a slight redness of the skin appears at the points where pressure is applied, or follows the point of the instrument forming the letters or figures. In about two minutes the characters appear in lines of a pale red color and increase in height, until the inscription stands out on the skin of the patient in red letters of bold relief. The characters remain visible for a considerable time, varying, with different subjects, from a few minutes to several hours, after which the skin resumes its normal appearance.

While Dr. Mesnet is unable to find a satisfactory explanation of this phenomenon, he considers it as due to a disordered condition of the nervous system, of a hysterical nature, affecting the circulation of the blood-vessels of the skin. Nearly all the patients showing this autographism had various other nervous affections, and were easily affected by hypnotic influences. Local anæsthetization of the skin by ether spray temporarily prevented the occurrence of the phenomenon, but it reappeared as soon as the effects of the ether passed away. This effect would

naturally result, for in this form of local anæsthesia the skin and blood-vessels are really frozen, and all circulation is temporarily stopped. The condition is a most curious one, and, as far as we know, has not been observed in this country.

The phenomena of autographism naturally bring to mind the *stigmata*, or spots, sometimes appearing on the bodies of religious devotees, which they claim to represent the marks made by the nails by which Christ was fastened to the cross. In olden times these persons would have been considered as sorcerers, and the peculiar marks appearing on their bodies as direct proof of their dealings with the devil and worthy of punishment by death. Fortunately, in this more enlightened age, the matter is of scientific interest only, and the unfortunate "autographists" are considered to be neither saint nor sorcerer, but only as subjects for the healing skill of the physicians.

The London Water Supply.

The *Medical Press*, July 30, 1890, says: The defective water supply of the metropolis is once more attracting public attention. A Committee of Inquiry appointed by the Corporation of the City of London is earnestly engaged on the subject. The evidence already taken is of a very important character. The slough of despond into which London has drifted with regard to the supply of one of the prime necessities of life is indeed most disheartening. The water companies when they obtained their monopoly from Parliament, stipulated to give London "a pure and wholesome supply of water." This promise, however, has never been fulfilled. The water, although somewhat better than it was twenty years ago, is still for the most part drawn from impure sources. Whenever considerable population, such as those of this vast metropolis, have been compelled to use a river water made to look clear and pleasant to the eye by allowing it to subside in tanks and passing it through a stratum of water-logged sand and gravel, a coarse process termed filtration, the greater number of the people, though dissatisfied, would not have sufficient technical knowledge of the subject to see the necessity for neglecting their usual avocations to exert themselves to effect a change for the better. If the great body of water consumers could realize the danger to health and life traceable to water polluted by sewage, then the action of Parliament would be far more earnestly invoked on the subject than it is. Surely common sense alone, quite apart from any scientific knowledge of the subject, should at once tell us that our drinking water ought on no account to require filtration.

Naphtha Intoxication.

Recently a death occurred in a manufacturing establishment in Philadelphia, caused in a curious way. A workman employed on the inside of a boiler was overcome by the fumes of naphtha, and it was impossible to resuscitate him. Two other men were overcome at the same time, but they escaped with their lives.

It is said that workmen are familiar with the fact that the fumes of naphtha and gasoline, and similar substances are dangerous, and at the Coroner's inquest it was plainly intimated that the man lost his life in consequence of his own carelessness. In connection with this fact, it is interesting to note that it is reported that there is a habit of naphtha intoxication in Germany, and also in some parts of this country. The victims are said to be chiefly women employed in India rubber factories. The naphtha is kept in large receivers, and it is said the women are in the habit of going to the valves and opening them in order to breathe the gas that escapes. The inhalation is said to produce a peculiar and an agreeable form of intoxication.

Prevention of Cocaine Poisoning.

The *St. Louis Medical and Surgical Journal*, July, 1890, states that inhalations of nitrite of amyl are to be recommended in cases of cocaine poisoning. Dr. Isador Gluck, in the *Medical Record*, states that a series of experiments have led to the discovery that cocaine in combination with phenol is free from objectionable features, and its usefulness is increased. He has adopted the following formula.

℞ Phenol . . . . . gtt. ii
Distilled water . . . . . ʒi

Shake until the solution is perfect and then add ten grains of hydrochlorate of cocaine.

Dr. Gluck has now been using the above

formula for over a year, and since then has never had to deal with a case of cocaine poisoning resulting from the use of the solution. In fact, he has been able to use it in any quantity and in any part of the nose or throat without the least fear of harmful consequences.

Depilatory.

Unna, in the *Deutsche Medizinal Zeitung*, July 7, 1890, recommends sulphide of barium as an efficient and harmless depilatory. Sulphide of barium is an odorless powder, and unirritating if not used two days continuously on any one spot. The salt is not kept in the shops, but may easily be prepared by any druggist. A stiff paste is made from powdered sulphate of barium and charcoal with linseed oil, and rolled into the shape of a sausage. This is placed in a coal fire and incinerated. The product desired is sulphide of barium, which is prescribed according to the following formula:

Sulphide of barium	50 parts
Starch	
Oxide of zinc, each	25 parts

When used as a depilatory the powder should be mixed with a sufficient quantity of water to form a soft paste, which by means of a spatula is spread about one-eighth inch thick over the surface from which the hairs are to be removed. After the paste is dry, which occurs in about ten minutes, it may be removed, and the skin beneath it will be found smooth and hairless. The action of the preparation is due to its property of dissolving the hairs.

Incontinence of Urine.

Dr. Grisolle, in the *Union Médicale*, recommends the following formula for pills which he has used with advantage in the treatment of incontinence of urine and which we quote from the *Deutsche Medizinal Zeitung*, June 30, 1890.

℞	Extr. nucis vomicæ	gr. iii
	Ferri oxid. nigri	gr. xlviii
	Quassiæ pulveris	gr. xlviii
	Syrupi absinthi	q. s. ad pil. No. xx.

Sig. One to three pills during the day.

The beneficial action of the above may be increased if cold hip-baths are taken daily and no fluids drank before retiring.

Tender Feet.

The *Dixie Doctor*, July, 1890, recommends the following treatment for tender feet. About two quarts of cold water, two tablespoonfuls of ammonia, one tablespoonful of bay rum. Sit with the feet immersed for ten minutes, gently throwing the water over the limbs upward to the knee. Then rub dry with a crash towel.

Alopecia.

The following formula will be found useful in the treatment of pityriasis alba of the scalp:

℞	Cocao butter	10 parts
	Castor oil	50 parts
	Perfume q. s.	

Mix and make ointment. Sig. To be applied every evening upon the epilated scalp.

The hair should be kept short and the use of stiff brushes avoided. In arthritic cases an alkaline treatment is indicated.

Salol for Cystitis.

In the *Boston Medical and Surgical Journal*, July 17, Dr. S. L. Abbot reports three cases in which the administration of salol seems to have led to very prompt and very satisfactory amelioration in the symptoms of cystitis in women.

Snake Swallowing.

A very odd result of rivalry between two tiger-snakes is recorded by Mr. D. Le Souef, Assistant Director of the Melbourne Zoölogical Gardens, in a recent number of the *Victorian Naturalist*. One of the snakes was large, the other being small. Not long ago both happened to fasten on the same mouse, one at each end. Neither would give way, and the larger snake not only swallowed the mouse, but also the smaller snake. In about ten minutes nothing was seen of the smaller snake but about two inches of its tail, and that disappeared next day.

Application for Burns.

The *New Orleans Medical and Surgical Journal*, July, 1890, quotes the following formula for an application for burns from the *Union Médical*:

℞	Salol	1 part
	Olive oil and lime water, each . . .	70 parts

M.

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CHARLES W. DULLES, M.D.,
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When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.
The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

TREATMENT OF CHRONIC BRIGHT'S DISEASE.

The treatment of chronic Bright's disease is a subject of very great interest, if only on account of the frequency of the disease. It might be difficult to name a drug which has not been recommended for it. This of itself generally indicates that a disease is obstinate and that medical treatment is ineffective; and, as a matter of fact, those who have had the largest experience with chronic Bright's disease, in its two forms of parenchymatous and interstitial nephritis, rely more upon dietetic and physical methods of treatment than upon drugs. For example, Senator, in discussing the subject in question before the Ninth Congress for Internal Medicine, at Vienna, April 15 to 18, 1890, declared that the two most important indications were to shield the kidneys and relieve them from strain, and to wash them out. To meet the first indication, agents irritating to the kidneys are to be avoided and the decomposition of albumin must be reduced to the smallest quantity possible. A milk diet with rest, if necessary absolutely in bed, accomplishes both objects, for milk is an alkaline diuretic. Buttermilk, koumys and kefir may be used to substitute milk. Patients who cannot bear milk may be given starches, and if the digestive organs will not tolerate an adequate supply of the latter, white meats, which contain least extractive matter, can be employed. As regards drinks, in addition to the milk already mentioned, mineral waters are suitable, but alcoholic beverages are to be avoided. The skin is to be kept active by warm baths and friction, with the view of lightening the work of the kidneys.

Senator believes iodide of potash to be useful in contracted kidney on account of its action upon the blood-vessels. In addition, the chief indication consists in sparing the heart and in a hygienic treatment. Moderation in the manner of life, avoidance of immoderate supply of albumin and of smoking, sparing use of drinks, especially alcoholic drinks, avoidance of fatigue, protection against chill, preservation of the activity of the skin through baths, which should not be too warm, are the most important principles in the therapeutics of contracted kidney. Change of climate, especially residence in the South during the unfavorable seasons of the year, exerts a very helpful influence.

The remarks of Von Ziemssen at the same meeting show, if possible, even more clearly that the treatment of chronic Bright's disease must be other than purely medicinal. He says, in speaking of parenchymatous nephritis: "The medication must be confined to the smallest possible quantity, as by it only too easily the digestion and the whole nutrition are injured." What he has to say about the treatment of dropsy is especially interesting. Long-continued rest in bed is

most warmly recommended; diaphoretic methods are likewise indicated, and of these the physical are preferable. Of the latter, Ziemssen calls special attention to the hot-air bath, the hot full-bath, and the partial vapor-bath. The hot-air bath, he says, is given in a warm room in which the temperature of the room can be increased to the desired degree by vapor.. In contradistinction to the Russian vapor-bath, however, in which the steam enters the room directly, in this the atmosphere is poor in vapor and is thus able to extract a large quantity of water from the body of the patient through the skin and the lungs. It does not weaken the patient, and is very effective, especially when the patient remains in the bath some hours. As the dilatation of the capillaries and the increased glandular activity of the skin only slowly return to normal, the patient after the bath must be very carefully guarded against chill, which could exert an unfavorable influence upon the kidneys.

The partial vapor-bath, in the form of the cabinet vapor-bath, is very suitable, he says, for use in the sick-room. The patient remains about twenty or thirty minutes sitting in the cabinet, and is then quickly put to bed and covered with large warmed comfortables. The hot full-bath consists in putting the patient in a bath at a temperature of 100.5° Fahr.; hot water is then added until the temperature of the bath rises to 104° or 106° Fahr. After staying in this for twenty or thirty minutes, the patient is taken out and wrapped in warm comfortables. By this procedure uncommonly active perspiration is provoked, and the loss of water is very great, not rarely amounting to one or two quarts; but it weakens the patient too much, and, also, in respect to the subjective condition of the patient, is superior to the hot-air bath. It should be remembered that in all methods for inducing diaphoresis there is a more decided effect obtained after the second or third trial. It should be borne in mind, also, that in those patients in whom it is important to conserve the weight, those measures must be avoided which increase the temperature of the blood and hasten metabolism; this statement applies to the Russian vapor-bath and to the hot full-bath. In the cases referred to the hot-air bath, at a temperature of from 95° to 104° Fahr. is indicated.

Chronic disease of the kidneys appears to be in many cases only a part of a degenerative process general throughout the body; it is more easily recognized in the kidneys because its signs (albumin and casts) are unmistakable. It is folly, therefore, to treat the patient as if his kidneys were the only organs diseased, and actually harmful to whip them to increased activity with irritating diuretics. The whole man requires treatment, and this should be of such a nature as to check degeneration, conserve strength and shield the weakened organs from extra work. To this end diet, hygiene and physical methods of treatment are to be preferred to drugs, which are best reserved to meet special indications or emergencies.

MEDICAL LAW IN NEW YORK.

The Governor of New York approved, in the month of June, a bill establishing three boards of medical examiners in the State of New York, each to be composed of seven members, appointed by the Board of Regents of the University of the State of New York from three lists of candidates, furnished one each by the Medical Society of the State of New York, the Homœopathic Medical Society and the Eclectic Medical Society. The work of these Boards will begin September 1, 1891, and after that date no one will be permitted to practice medicine in the State of New York who has not before that date been a legally qualified practitioner without passing an examination before one of these Boards—except that the Regents may grant licenses to persons who have passed an examination before an Examining Board in another State, on proof that the standard of requirements of the latter is

substantially the same as that in the State of New York. The law exempts from examination surgeons of the U. S. Army, Navy and Marine Hospital Service, legally qualified physicians or surgeons residing in other States or countries, meeting regular physicians and surgeons of New York in consultation, or legally qualified physicians or surgeons residing on the border of a neighboring State, whose practice extends into the limits of this State; providing that such practitioners shall not open offices or appoint places to meet patients or receive calls within the limits of the State of New York.

According to the *Buffalo Medical and Surgical Journal*, August, 1890, after June 24, 1890, physicians not holding diplomas granted by some legally incorporated college of New York State, desiring to practice in this State, must first possess the preliminary qualifications required of all medical students before graduation from a medical school of this State; second, their diplomas must be endorsed by the Regents of the University of the State of New York, at Albany, upon the recommendation of a legally constituted board of medical examiners of this State; third, the then endorsed diplomas or licenses must, as heretofore, be registered in the County Clerk's office of the county in which they intend to practice in. This new law takes from the medical colleges of this State the power to endorse diplomas or licenses granted outside of the State.

This is the state of affairs in the State of New York, and it marks another step in the right direction. We are not in accord with some features of this law; but are glad to see the principle upon which it rests recognized in spite of the opposition of many whose opposition might have been expected and of some whose opposition to it has caused surprise throughout the country.

MEDICAL LAW FOR CALIFORNIA.

The need for legal regulation of the practice of medicine is being freely felt in California, where, for years, the profession has been talking about having something done. The *Pacific Medical Journal*, August, 1890, expresses the fear that California will become a refuge for quacks and imperfectly-educated physicians unless the State adopts measures to test the fitness of those who intend to practice medicine there. It advocates the passage of a law establishing a State Board of Medical Examiners and indicates the sort of a law which it believes to be efficient and practicable.

Our sympathies go with our contemporary in its endeavor to stimulate the profession in California to labor for a measure which must come in time, but which will come sooner if those who have the elevation of the standing of the profession at heart will work for it.

AMERICANS AT THE BRITISH MEDICAL ASSOCIATION.

The *Medical Press*, August 6, 1890, says: "From what we can gather, the large batch of American doctors who 'took' Birmingham on their road to Berlin, feel very dissatisfied and hurt at the way in which they were received, or, rather, not received. To show their discontent, most, or at any rate many of them, left Birmingham early in the week, shaking the dust from their feet on an association which has treated them so scantily. We shall probably hear more of it when the malcontents, many of whom are medical editors, have had time to pen their complaints to their respective journals. It will be interesting to know whether it was an unduly stern janitor or some less humble official or officials who has thus aroused their susceptibilities."

The rumor here is that the Americans, numbering about forty, were offended by some slight of Mr. Lawson Tait. Why they were offended and with what cause might well be ascertained; so that, if our British cousins were uncivil, they can—as they surely will—make it right; or, if our compatriots were too touchy, we may admit our fault.

INSANE MAN SCALDED TO DEATH.—A CORRECTION.

In the REPORTER, August 16, there was published a short account of the death of an insane person from scalding in a bath-tub. It was said to have taken place at the Philadelphia Hospital. The source of information was one of the most trustworthy newspapers in this city, which had made a mistake. The chief Resident Physician of the Philadelphia Hospital writes to this office that no such death occurred in that institution, and we are informed that it was at the Pennsylvania Hospital for the Insane. We regret that we should have inadvertently done the Philadelphia Hospital an injustice, and trust the correction will catch up with the error and undo it.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

ELECTRICITY IN THE DISEASES OF WOMEN, WITH SPECIAL REFERENCE TO THE APPLICATION OF STRONG CURRENTS. By G. BETTON MASSEY, M. D., Physician to Gynecological Department of Howard Hospital, etc. Second Edition. Revised and enlarged. 12mo, pp. xii, 240. Philadelphia: F. A. Davis, 1890.

The appearance of the second edition of Dr. Massey's book at so early a date indicates not only the favor with which this work has been received, but also the widespread interest which the use of electricity in the treatment of diseases of women has excited. This interest undoubtedly is caused by the great prevalence of painful and dangerous diseases among women, and the fact that unless electricity will cure them, resort must be had, in many cases, to major surgical operations. The conditions concerning which the claims of surgeons and electricians do not agree are especially uterine fibroids, extra-uterine pregnancy, and inflammatory disease of the uterine appendages.

The section devoted to the treatment of uterine fibroids contains the teachings which have become familiar to the profession during the past few years. The chapter on extra-uterine pregnancy presents very modest claims for electricity in the treatment of this condition. Electricity is advised only where the pregnancy is diagnosticated prior to rupture—before the fourth month—and when, after rupture, death does not take place, and an hematocele forms; in which case, after acute symptoms have subsided, a mild galvanic current is advised to promote absorption of the mass. These conditions are found with such relative infrequency that, if the author's views be accepted, electricity will seldom be employed in the treatment of ectopic gestation. It is pleasant to observe that order is coming out of chaos in the hitherto conflicting claims of surgeons and electricians. The chapter on the treatment of diseases of the uterine appendages contains some teaching which challenge attention. By the use of electricity a large proportion of cases of ovaritis, salpingitis, and "allied conditions," are to be permanently cured; and pyo-salpinx is also to be attacked, as the author has seen no evidence that pus in a tube, or elsewhere in the pelvis, is a contra-indication to electrical treatment. Moreover the claim is indirectly made that not only can pyo-salpinx and salpingitis be cured, but also sterility, due to positive structural changes resulting from the inflammatory disease, and usually consisting in occlusion of the fimbriated extremities of the tubes by plastic deposit, together with one or more strictures in the course of the tube. These general statements are based on the results of treatment in three cases only. It is unfortunate that the author has not maintained, in this chapter, that temperance of statement which in general characterizes his book. This attempt to invade the domain, now generally conceded to the abdominal surgeon, is probably the result of the outrageous attacks which have been made by certain surgeons upon electricians, and from which Dr. Massey himself has suffered. Viewed in this light the author is, in a sense, excusable; yet in the interest of science, that which is reasonably demonstrable should be kept strictly separate from that which is almost purely speculative.

Excepting this chapter we have only commendation for this popular work; which, by widely disseminating the teachings of scientific electricians, will be a positive factor in arriving at that much-to-be-desired end—the determination upon clinical evidence of the real status of electricity in therapeutics.

LITERARY NOTES.

—The *Dixie Doctor* for August opens the second half of its first year's progress. The editor says that hearty and substantial favor has been extended to the new journal, and promises that its pages shall be increased and its departments extended. Correspondents in Vienna, New York and Philadelphia will keep the readers informed of medical progress. In response to numerous requests the subscription price is soon to be increased to $2.00 a year.

—The *Pacific Drug Review*, published at Portland, Oregon, in its issue for August, 1890, contains ten pages of reading matter so interleaved with advertising pages that to separate them is a serious task. As the journal comes rolled, also, the REPORTER will have to dispense with the pleasure of exchanging with it hereafter, and wish the *Review* success and amendment.

CORRESPONDENCE.

Treatment of Hay Asthma.

TO THE EDITOR.

Sir: An article in the REPORTER of August 9, induces me to present my views, having had the dreadful incipiency of hay asthma in my family. In August, 1849, the first and worst case that I ever saw came before me—

the first I knew of in New York. The third season, when I asked my old preceptor, Prof. J. M. Smith, to see the patient, he could not credit such an ailment to exist. My wife, when young and healthy, with no stomach or other ailment, was visiting in Newark, N. J. The house was in a large garden with flowers and fruit. About two o'clock one afternoon she began to sneeze and so continued for three hours; the blood flying from her nostrils at last. This state of things occurred about the same hour for two weeks, when conjunctivitis set in, keeping her in bed two weeks, when that abated. Occasional cough with asthmatic symptoms then set in, increasing in frequency and violence until frost came, when all these symptoms disappeared. This complaint continued to reappear every 25th of August, less violent at its beginning, but more aggravated and distressing later on, for twenty years, until her death. When ignorant of the date she would begin to sneeze and would say this must be the twenty-fifth; and so it always was.

About this time I saw a reprint of the *Albion*, an English paper, a whole side of which was devoted to a nobleman's experience with this complaint; and I have always thought that it gave the most rational theory of any advanced concerning it. As I recollect, from his long suffering with it and its regularity of attacks as to date and season and its disappearing by frost, he thought that it must be caused by animalculæ generated just at that time in the atmosphere. As I remember, a plum tree grew near his window. On one of its branches he suspended a piece of glass, daily, moistened with mucilage.

At the date of his sneezing, animalculæ were discovered with a microscope on it, which continued to appear daily until frost came, when his trouble left him, and the animalculæ were not seen again until the next season, when his trouble began. Dr. W. Roberts, editor of a medical journal in New York, suffered for years with the same complaint, in the same way as my wife did, from August 30. This delay with him may have been from the less sensitiveness of his Schneiderian membrane. The peculiarity of the asthma with my wife was, that it seemed to trouble her only when about to lie down at night. Chloroform then to anæsthesia would effect the desired relief. Remedies like quinine for bacteria may avail. Fire Island used to afford relief when the wind did not blow over Long Island. The White Mountains exempted Dr. Bucher and others. Schooley's Mountain helped some, and a voyage to Europe benefited Beach Vanderpoel, of Newark, and others, so long as they remained away; but returning before frost, they were immediately affected. The yellow-fever districts in New York in 1822, produced that complaint in like manner until frost came, hence its non-contagious character.

Yours truly,

E. VANDERPOEL.

New Suffolk, L. I.

Treatment of Asthma.

TO THE EDITOR.

Sir: I have just finished with my third case of asthma, treated as recommended by Dr. T. J. Mays in MEDICAL AND SURGICAL REPORTER, April 12, 1890. Practically, they are well—an injection now and then, however, being still necessary. One of them, an old colored woman, has been well for weeks from one injection. I feel that I owe Dr. Mays many thanks for my patients and for myself.

By becoming acquainted with his methods I have cured three cases of asthma, two of lumbago and have greatly relieved a case of sciatica.

Yours truly,

JAMES WARE, M. D.

Lake Charles, La.

QUESTIONS AND ANSWERS.

[In this department will be published questions on any medical subject by readers of the REPORTER, and answers by the EDITOR or by other readers.]

Hypnotized by a Lunatic.

DR. W. WOODRUFF, of London, Ont., writes in answer to a request for the facts in regard to the case of alleged hypnotism by a lunatic, mentioned in the REPORTER, August 23: I have made inquiries amongst my friends, both medical and otherwise, and I have been unable to learn anything in regard to your communication. Last spring I was asked to see a married woman in regard to her fancies, and found her a lunatic and signed a certificate to that effect. She was sent to an asylum. Her fancies were much the same as described in the enclosed clipping. She traveled all around the city

at times, living from home for several nights on different occasions. The article you enclose may refer to her, as she was a great talker and was continuously complaining about the power such a person had over her.

NOTES AND COMMENTS.

Recognition of Blood in Medico-legal Investigations.

Klein, in the *Zeitschrift für Analytische Chemie*, publishes an able article on the recognition of blood in medico-legal investigations, which we quote from the *Boston Medical and Surgical Journal*, July 3, 1890.

For the extraction of blood-stains, Klein recommends water saturated with carbon dioxide (Struve's process) as giving the best results. The stained spot is cut out, placed in a test-tube with two or three cubic centimeters of distilled water, and treated with a slow stream of carbon dioxide. Stains which are only a few hours old are usually completely extracted in five to ten minutes; those up to two weeks old require fifteen to twenty minutes; those up to one month, about thirty minutes, and those six to eight weeks old, from thirty minutes to one hour. The whitish or yellowish masses of fibrin are left unaffected. The clear, yellowish or brownish-colored solution thus obtained is examined spectroscopically. In the case of stains extracted immediately after drying, the two absorption-bands of oxyhemoglobin in the yellow and green portion of the spectrum are alone visible. If the spectrum is shaded up to the red, the methemoglobin band in the red is easily recognized. The intensity of the absorption-band in the red increases with the age of the stain, and in stains fourteen days to one month old it is nearly as intense as the bands in the yellow. Stains five or six months old give solutions in which the band in the red is, at times, the only one visible; and this was always the case in stains six to eight months old. Such old stains, after treatment with carbonic-acid water for some hours, still leave behind a brownish-colored residue, which, freed from adhering fluid by means of blotting paper, gives up to glacial acetic acid or to ammonia after about ten minutes' treatment a brown coloring matter whose acid solution in thick layers shows plainly the absorption-band of acid hematin. Both the ammonical and acetic acid solutions, when treated with ammonium sulphide and twenty per cent. soda solution in slight excess, give the spectrum of reduced hematin.

Solutions of old blood-stains in carbonic-acid water, which have a reddish-brown color and show the methemoglobin band in the red, are immediately changed by treatment with an aqueous solution of hydrocyanic acid (1–2 drops of a 1–1,000 solution, or 12–15 drops of a 1–10,000 solution). The solution has a reddish tinge, and on spectroscopic examination only the bands in the yellow and green are visible; the methemoglobin band having disappeared. In place of this is a faint shading of the spectrum between the positions of the two oxyhemoglobin bands. Solutions of fresh blood-stains are apparently unchanged by hydrocyanic acid. The action of hydrocyanic acid possibly affords a means of determining the age of a given stain. For this purpose, the relative intensity of the absorption-bands in the red and green is determined; the band in the red is then obliterated by the action of hydrocyanic acid; the solution is then examined in a layer so thick that the violet end of the spectrum is shaded, when a conclusion may, perhaps, be drawn, in regard to the amount of unchanged oxyhemoglobin, from the intensity of the bands in the yellow and green portions of the spectrum. Solutions in carbonic-acid water which show the absorption-bands of oxyhemoglobin give, on careful treatment with ammonium sulphide, the spectrum of reduced hemoglobin. If this solution is shaken with air the oxyhemoglobin bands again appear. Finally, if a few drops of soda solution are added, the spectrum of reduced hematin is obtained.

If the stain cannot be removed by scraping, one can, after the spectroscopic examination, precipitate a small portion of the carbonic-acid solution with suitable reagents; for example, chloral hydrate, zinc acetate or tannin, and employ the precipitate for the production of hemin crystals. The author has made a special investigation of the process recommended by Ferry de la Bellone. The carbonic-acid solutions gave immediately, upon the addition of chloral solution, a rose-colored turbidity and later a similar rose-colored precipitate, which settled completely after some hours. A drop of this precipitate gently warmed on a glass slide furnished a coagulum in which, after treatment with fuchsin and acetic acid, numerous blood-corpuscles were detected on

microscopic examination. The test for hemin crystals was equally satisfactory. A small quantity of the precipitate dissolved in ammonia and treated with a few drops of a solution of ferrous sulphate and tartaric acid gave a solution which exhibited plainly the absorption-band of reduced hematin. An acetic acid solution of the precipitate furnished an equally satisfactory absorption-band of hematin. The chloral precipitate dried over sulphuric acid in a desiccator and kept for six months, furnished, on proper treatment, hemin crystals and the spectra of hematin and acid hematin as satisfactorily as did the original moist precipitate. The precipitate obtained by the addition of zinc acetate to a carbonic-acid solution of blood-stains furnished, on proper treatment, the spectrum of hematin in acid solution, and of reduced hematin; but, did not, as a rule, afford hemin crystals.

If the fibrine left after extraction with carbonic-acid water is submitted to the action of water saturated with carbon dioxide for twenty to twenty-four hours, and the residue is then examined microscopically, it is possible at times, especially if the blood is dried in a thick layer and not on a porous surface, to recognize the blood-corpuscles, normal in shape and size. These could be satisfactorily measured after they were treated for ten to twenty minutes with a one or two per cent. solution of perosmic acid, or, after they were colored with an aqueous fuchsin solution. An excess of the fuchsin solution can be removed by washing with water containing carbonic acid. The diameter of blood-corpuscles from stains varied after this treatment, in human blood between 0.00748 and 0.0078 mm., in the blood of the ox between 0.00592 and 0.00624 mm. In the case of stains more than six to eight months old from which carbonic acid fails to remove the coloring matter, other solvents may be employed; for example, dilute soda solution, acetic acid, etc.

The author describes experiments in which the foregoing process with unimportant variations was employed. In one of them some coarse sand was mixed with five per cent. of blood and examined ten years later with satisfactory results.

Salipyrin or Salicylate of Antipyrin.

In a communication made by M. Vigier to the Paris Pharmaceutical Society more than a year since, attention was called to the reaction which occurred between antipyrin and sodium salicylate. This reaction has been thoroughly investigated by Professor Spica, of Florence, who reports (*L'Orosi*) that the liquefaction of the mixed powders is due not to the formation of salicylate of antipyrin but simply to absorption of moisture from the atmosphere. He also states, however, that he has succeeded in preparing a well-crystallized compound which he considers a salicylate of antipyrin and which he thinks may prove of therapeutic value. He obtained the salt by gradually adding to a dilute boiling aqueous solution of antipyrin a molecular proportion of salicylic acid (100 parts of antipyrin to 73.4 of salicylic acid). If the solution be sufficiently dilute it remains clear while boiling, otherwise a yellow oily substance will separate out which requires recrystallization from water. The salt is described as occurring in fine colorless crystalline scales, or in flocks formed of very much elongated crystals, the scales tending to group together. These scales are soluble in 25.0 parts of cold and more soluble in hot water, and freely soluble in alcohol, ether, chloroform and carbon bisulphide. Since the publication of Professor Spica's observations, Dr. Scholvein has stated that this compound has been already tried in the Berlin hospital under the name of salipyrin with satisfactory results. Dr. Scholvein also suggested as a simpler method of preparing the compound, that the components be heated together in molecular proportions, and the resulting crust be dissolved in and crystallized from alcohol. It may also be obtained by shaking together an aqueous solution of antipyrin and an ethereal solution of salicylic acid, when the compound separates out in handsome crystals.—*Druggists' Circular*, August, 1890.

Leprosy Items.

The Rev. S. J. Blum, of Philadelphia, in a letter in the *Public Ledger*, August 12, describes a visit to the Moravian Leper Home at Jerusalem, and says:

"The question is often asked whether leprosy is contagious, and if so, in what way is the disease contracted? That it is not eminently contagious is borne out by the fact that of all the missionaries and nurses of the Moravian Church who have labored among the lepers, both in South Africa and at Jerusalem, none of them have ever con-

tracted the disease. It is known, however, to have been contracted by inoculation. If the nurses, before washing the sores of the lepers, are careful to see that they themselves have no sores on their hands, they need not fear inoculation. It is possible that inoculation may have been the cause of the heroic Father Damien contracting the disease after he had labored so faithfully in tending the poor sufferers at Molokai."

Dr. E. W. Thwing, of Brooklyn, has recently returned from a tour to China, India and Norway, where he studied leprosy. He found the disease common along coasts where the people eat raw fish. This is especially true in Norway. He does not think the leprosy of to-day particularly contagious, and in this it differs from the leprosy of Biblical times. Dr. Thwing and his wife visited the lepers and touched many of them. They saw healthy children nursing from leprous mothers.

The government of India reported, August 15, that the medical authorities were unable to agree as to whether leprosy is contagious or not. The local governments also differ on the question. The proposed legislation in Great Britain will therefore be postponed until full details have been collected through the National Leprosy Fund, in conjunction with a medical commission which will leave England in October.

The *Pall Mall Gazette* has received a letter from Sister Rose Gertrude, who went from England to take the place of the late Father Damien, dated July 1, Leper Receiving Station, Oahu, Hawaii, in which she says: "I have read and received many notices concerning lepers, but I think I may say, from all I have seen here, while under Dr. Lutz, that to treat lepers a real physician is required with a practical knowledge of all the drugs of the pharmacopœia, their action, affinities, etc., and a further knowledge of many cutaneous diseases and efficacious remedies. Also he must be versed in microscopic matters. With all these requisitions it is possible, as I see here, to arrest the progress of the disease, to disarm it of its malignity, and to establish perfect nutrition and good general health."

There was a scare in Chester, Pa., on August 20, because it was reported that a leper had been discovered in the town. The alarm proved to be a false one on investigation.

On August 25 it was reported that several cases of leprosy had been discovered at Englishtown, Cape Breton. The victims have been constantly associating with their neighbors, and it is feared that the disease has been communicated to a great many people.

Disinfection of Stools with Whitewash.

Dr. Phuhl, in the *Revue Médicale*, March, 1890, states that the addition of two per cent. of whitewash containing twenty per cent. of lime to typhoid or cholera stools, will completely sterilize them within an hour. The whitewash must have an alkaline reaction. The whitewash should be well mixed with the feces. Drs. Richard and Chantemesse have recently confirmed Phuhl's conclusions; indeed they have found that whitewash sterilizes typhoid and dysenteric stools in a half hour when the proportion of lime present is only four per cent. Similar results were not obtainable with a four per cent. solution of chloride of lime, or with a 1–50,000 solution of corrosive sublimate.

Although it has been found that the addition of two per cent. of whitewash of the stool is sufficient to cause complete sterilization, still an excess of this quantity is advisable. There is no reason why the quantity should be limited, since a pound and a half of lime costs only a few cents, and will make enough whitewash to sterilize two hundred and fifty quarts of fecal matter. Whitewash is also valuable in disinfecting the utensils used by patients suffering with contagious diseases.

Brine as a Preservative.

The Berlin correspondent of the *Medical Press*, July 30, 1890, states that the papers published a short time ago an account of the discovery of numerous bodies of Hungarians who perished years ago in an insurrection. The bodies, nineteen in number, were discovered in a brine pit at Vizakna, in Hungary. The Royal Gerichtsarzt, Dr. Heinrich König, of Hermannstadt, published more recently an interesting account of the autopsy made by him, July 6, on the bodies thus found. The conditions presented were of importance in many respects as regards medical science. In external appearance, the whole of the bodies resembled those preserved in the museums in spirit. No trace

of decomposition could be detected, the skin was of a grayish-white color, the muscular tissue was rosy-red and felt like fresh flesh. All the intestines and organs, the lungs, heart, liver, spleen, kidneys, bladder, stomach and intestines were scarcely more consistent in fresh bodies, the brain was hard and dirty gray as in spirit preparations. The structure of the organs was plainly recognizable to the naked eye, so that they might have served for anatomical teaching. A remarkable fact, as Dr. König remarks, after having been preserved for more than forty-one years.

The colon contained copious yellowish-brown feces, but without odor, and in the bladder yellow urine was present. Crystallized salt was found in considerable quantity in the interior of the bodies which had been deposited and settled in the various tissues and organs. It was met with even on the inner surface of the uninjured pericardium to the extent of five grams.

Australian Method of Preventing Conception.

Mr. Carl Lumholtz, M. A., Member of the Royal Society of Sciences of Norway, undertook an exploring and collecting expedition to the northern parts of Australia a few years ago, and on his return gives the result of his researches into the customs and habits of the Australian aborigines, who are generally accounted the lowest race of savages now in existence. Among other customs these people have a curious surgical procedure, called the mika-operation, which is much resorted to for the purpose of preventing the increase of population. The operation, which is performed with certain religious rites, consists in making an incision into the urethra with a flint knife. In a few tribes the males are operated on in childhood, only about 5 per cent. being spared. In other tribes a husband must submit to the operation after becoming the father of one or two children.

It is said that the incision is about an inch long, and is made almost to the scrotum; the wound surface is cauterized with hot stones, and during the process of healing little pieces of wood are inserted into the orifice to prevent it from closing. This artificial hypospadias is said to have the desired result, and the man has no more children.

The motives which inspire the performance of this operation are as different from those which prevail among the more highly cultivated peoples as are the methods for bringing about the desired result. The reason as assigned is that the aborigines are very indolent, and the idea of providing sustenance for a number of children is very repulsive to the untutored savage, who takes this way of escaping from the dilemma.—*Weekly Med. Review*, July 26, 1890.

Diphtheria in Fowls.

The Paris correspondent to the *Lancet*, July 5, 1890, says that at a recent meeting of the Société de Médecine Publique, of Paris, Dr. Saint-Yves-Ménard read a paper, in which he endeavored to prove the non-identity of human diphtheria and the diphtheria of birds. Drs. Cornil, Löffler, and Mégnin have shown that human diphtheria and the diphtheria of birds are two distinct maladies, produced by two microbes absolutely different. An important fact was communicated to Dr. Ménard by Dr. Straus, the eminent bacteriologist. A certain number of pigeon fanciers at the Halles Centrales, feed the birds from their mouths. The pigeons which are under their care, particularly those of Italian origin, often present a malady known under the name of "chancre," which is nothing else than diphtheria. It has never been known that any of the "fanciers" were affected with diphtheria, nor that any child contracted the disease at the Jardin d'Acclimatation from the birds affected with diphtheria.

Medical Examiners for New Jersey.

On August 19, Governor Abbett named the Board of Medical Examiners, under the law spoken of in the REPORTER, August 2, 1890. The Board consists of Dr. Eugene Tiesler, of Orange, a graduate of the Eclectic Medical College of the City of New York in 1887, to serve one year; Dr. Armah Uebelacker, of Morristown, New York Homœopathic Medical College, 1871, to serve three years, and Dr. A. H. Worthington, of Trenton, Hahnemann Medical College, 1860, to serve one year; Dr. William Perry Watson, of Jersey City, College of Physicians and Surgeons, New York, 1878, to serve two years; Dr. W. L. Newell, of Millville, Jefferson Medical College, 1859, to serve

one year; Dr. Henry G. Wagoner, of Somerville, University of Pennsylvania, 1851, to serve one year; Dr. George W. Brown, of Long Branch, College of Physicians and Surgeons, New York, 1879, to serve three years; and Dr. Hugh C. Hendry, of Newark, Bellevue Hospital Medical College, 1872, to serve one year.

The Board will meet the first Tuesday in September to organize.

NEWS.

—A Parliamentary return shows that during 1889 twenty-seven people died of starvation in London.

—An epidemic of influenza was raging in Breslau, on August 20, and ten cases were reported at Operlin.

—Dr. Horace E. Ashmead, who had been in the drug business for many years, died in Philadelphia, August 21, in his sixty-fourth year.

—A plague, believed to be malignant diphtheria, was ravaging the fishing towns on the French shore, Newfoundland, about August 20.

—Dr. Milton J. Rosenau, of Pennsylvania, has been nominated by the President to be Assistant Surgeon in the Marine Hospital Service.

—A case of fracture of the cervical portion of the spinal column is reported to have been recently cured in the Presbyterian Hospital in Philadelphia.

—The Marine Hospital Bureau has been notified of a case of yellow fever on board the Spanish bark Castillo from Cienfuegos via Pancougala, now detained at the Chandeleur Quarantine Station, Mississippi.

—Dr. Samuel Merritt, probably the wealthiest citizen of Oakland, Cal., died August 17, aged sixty-eight years. He settled in Oakland in the early days and acquired his vast property in Oakland and San Francisco.

—A woman living in Buckingham, Quebec, went berry picking on August 22 and left her child in charge of two boys, deaf mutes of unsound mind. On her return she found that the deaf mutes had killed the child and partially eaten its body.

—A woman, thirty-three years old, an inmate of the Friends' Asylum for the Insane, Philadelphia, committed suicide August 17. She was left, by an attendant, alone in a bath-room and drank a solution of corrosive sublimate used for exterminating roaches.

—On the retirement of Surgeon-General John Moore by operation of law on account of age, August 16, the President sent to the Senate the name of Colonel Jedediah H. Baxter, Chief Medical Purveyor, to be Surgeon-General with the rank of Brigadier-General.

—The Assistant Secretary of the Treasury has sustained an appeal from the decision of the Collector at Boston assessing duty at the rate of twenty-five per cent. ad valorem as a medicinal preparation on a certain malt extract, holding that the article is not in any sense a medicinal preparation, but a food product.

—Dr. Leonard J. Gordon, President of the Jersey City Board of Health, has made a suggestion that all telegraph poles on which live electric wires are strung be painted red, that the public may be able to distinguish them. Dr. Gordon will bring the subject up for discussion at the next meeting of the Board.

—The British war ship Buzzard arrived at Halifax, August 24, from Jamaica with yellow fever on board, having been ordered to Halifax on account of the fever breaking out among the crew. There had been nineteen cases on board at one time and one of the victims died at Port Royal and was buried there. All the others had recovered except five.

—The Board of Health of Philadelphia, in its last annual report, recommends the selection of a site or sites for a municipal hospital or hospitals at an early day. It also recommends that the Health Officer, Lazaretto and Port Physicians be appointed by the Director of Public Safety, instead of the Governor, and suggests that the Health Officer should be a man with thorough medical training and a high order of executive ability.

—A sensation was caused in London, August 19, by the announcement that there was a case of Asiatic cholera in London. A man landed on August 17 from the steamer Duke of Argyll, from Calcutta, which had just arrived at this port and went to a coffee house, where he secured lodgings. On August 19 he was carried on a stretcher from the coffee house to Popular Hospital, where the doctors pronounced his case one of Asiatic cholera.